STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMUND G. BROWN JR.
BOARD OF REGISTERED NURSING
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Louise R. Bailey, MEd, RN, Executive Officer

BOARD MEETING AMENDED AGENDA

Doubletree by Hilton Ontario Hotel
222 North Vineyard Avenue
Ontario, CA 91764
(909) 937-0900

June 12-13, 2013

Wednesday, June 12, 2013 – 9:00 am

1.0 Call to Order – Board President

Members:	Raymond Mallel, President Cynthia Klein, RN, Vice President Erin Niemela Michael D. Jackson, MSN, RN Trande Phillips, RN Jeanette Dong Joshua Groban
Executive Officer:	Louise Bailey, M.Ed., RN

2.0 Public Comment for Items Not on the Agenda

3.0 Review and Approve Minutes:

- April 10-11, 2013 Meeting Minutes
- May 9, 2013 Meeting Minutes

4.0 Report on Board Members' Activities

5.0 Board and Department Activities

5.1 Executive Officer Report

6.0 Report of the Administrative Committee
Raymond Mallel, Chairperson

6.1 Election of Board President and Vice President

7.0 Report of the Education/Licensing Committee
Michael Jackson, MSN, RN, Chairperson

7.1 Ratify Minor Curriculum Revisions

- California State University, Chico, Baccalaureate Degree Nursing Program
- California State University, Fresno, Baccalaureate Degree Nursing Program
- California State University, Sacramento/California State University, Stanislaus Collaborative Accelerated Baccalaureate Degree Nursing Program Option
- College of the Desert Associate Degree Nursing Program
- Fresno City College Associate Degree Nursing Program
- Imperial Valley College Associate Degree Nursing Program
- Mendocino College Associate Degree Nursing Program
- Mount San Antonio College Associate Degree Nursing Program
- Mt. San Jacinto College, MVC, Associate Degree Nursing Program
- Santa Monica College Associate Degree Nursing Program
- West Hills College, Lemoore, Associate Degree Nursing Program

Acknowledge Receipt of Program Progress Report:

- Humboldt State University Baccalaureate Degree Nursing Program
- California State University, Dominguez Hills, Entry Level Master's Degree Nursing Program
- College of the Siskiyous LVN to RN Associate Degree Nursing Program
- El Camino College Associate Degree Nursing Program

7.2 Education/Licensing Committee Recommendations

A. Continue Approval of Prelicensure Nursing Program
   - The Valley Foundation School of Nursing at San Jose State University Baccalaureate Degree Nursing Program
   - College of the Desert Associate Degree Nursing Program
   - Imperial Valley College Associate Degree Nursing Program

B. Defer Action to Continue Approval of Advanced Practice Nursing Program
   - United States University Nurse Practitioner Program

C. Approve Major Curriculum Revision
   - American University of Health Sciences Baccalaureate Degree Nursing Program
   - California State University, Sacramento, Baccalaureate Degree Nursing Program
   - United States University Entry Level Master's Degree Nursing Program

7.3 United States University Entry Level Master's Degree Nursing Program Progress Report

7.4 2011-2012 Post Licensure Program Annual Report

7.5 NCLEX Pass Rate Update

7.6 Licensing Program Report

8.0 Report of the Legislative Committee
Erin Niemela, Chairperson

8.1 Adopt/Modify Positions on Bills of Interest to the Board, and any other Bills of Interest to the Board introduced during the 2013-2014 Legislative Session

Assembly Bills	**Senate Bills**
AB 154	SB 271
AB 186	SB 352
AB 213	SB 410
AB 259	SB 430
AB 291	SB 440
AB 361	SB 491
AB 512	SB 532
AB 633	SB 718
AB 697	SB 723
AB 705	SB 809
AB 790	
AB 859	
AB 1017	
AB 1057	

9.0 Report of the Diversion/Discipline Committee
Cynthia Klein, RN, Chairperson

9.1 Complaint Intake and Investigations Update

9.2 Discipline and Probation Update

9.3 Enforcement Statistics

9.4 Diversion Program Update and Statistics
9.4.1 Diversion Evaluation Committee Members

9.5 Consideration of Enforcement-Related Regulation Proposals to Amend Title 16
- California Code of Regulations, Article 1, Section 1403, Delegation of Certain Functions
- California Code of Regulations, Article 2, Section 1410, Application
- California Code of Regulations, Article 4, Section 1441, Unprofessional Conduct
- California Code of Regulations, Article 4, Section 1443.6, Required Actions Against Registered Sex Offenders
- California Code of Regulations, Article 4, Section 1444.5, Disciplinary Guidelines

10.0 Report of the Nursing Practice Committee
Trande Phillips, RN, Chairperson

10.1 Approve/not approve advisory statement for RNs and Nurse Practitioners and Nurse Mid-Wives
1. RN - Information about Medical Assistants
2. Nurse Practitioner and Nurse Mid-Wives Supervision of Medical Assistants

10.2 Tribal Health Programs: Health Care Practitioners

10.3 Public Comment for Items Not on the Agenda

11.0 Public Comment for Items Not on the Agenda

12.0 Closed Session

Disciplinary Matters
The Board will convene in **closed session** pursuant to Government Code Section 11126(c) (3) to deliberate on disciplinary matters including stipulations and proposed decisions.

Thursday, June 13, 2013 – 9:00 am

13.0 Call to Order – Board President

Members: Raymond Mallel, President
Cynthia Klein, RN, Vice President
Erin Niemela
Michael D. Jackson, MSN, RN
Trande Phillips, RN
Jeanette Dong
Joshua Groban

Executive Officer: Louise Bailey, M.Ed., RN

14.0 Public Comment for Items Not on the Agenda

15.0 Disciplinary Matters

Reinstatements	**Termination/Modification of Probation**
Lisa Dix	Hardeep Mundh
Darren Dye	Sylvia Placensia
Pamela Finley	Ara Guloglyan
	Oleg Levshin
	Wendy Mariani
	Laurie Pindel
	Jacob Venzon

16.0 Closed Session

Disciplinary Matters

The Board will convene in **closed session** pursuant to Government Code Section 11126(c) (3) to deliberate on the above matters and other disciplinary matters including stipulations and proposed decisions.

NOTICE:

All times are approximate and subject to change. Items may be taken out of order to maintain a quorum, accommodate a speaker, or for convenience. The meeting may be canceled without notice. For verification of the meeting, call (916) 574-7600 or access the Board's Web Site at http://www.rn.ca.gov. Action may be taken on any item listed on this agenda, including information only items.

Public comments will be taken on agenda items at the time the item is heard. Total time allocated for public comment may be limited.

The meeting is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting the Administration Unit at (916) 574-7600 or email webmasterbrn@dca.ca.gov or send a written request to the Board of Registered Nursing Office at 1747 North Market Blvd., Suite 150, Sacramento, CA 95834. (Hearing impaired: California Relay Service: TDD phone # (800) 326-2297. Providing your request at least five (5) business days before the meeting will help to ensure the availability of the requested accommodation.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
BOARD OF REGISTERED NURSING MINUTES

DRAFT

DATE:	April 10-11, 2013
LOCATION:	Holiday Inn Sacramento-Capitol Plaza 300 J Street Sacramento, CA 95814
PRESENT:	Cynthia Klein, RN, Vice President Erin Niemela Michael D. Jackson, MSN, RN Trande Phillips, RN Jeanette Dong Joshua Groban
NOT PRESENT:	Raymond Mallel, President
ALSO PRESENT:	Louise Bailey, M.Ed., RN, Executive Officer Stacie Berumen, Assistant Executive Officer Janette Wackerly, Supervising NEC Miyo Minato, Supervising NEC Katie Daugherty, NEC Leslie Moody, NEC Kay Weinkam, NEC Don Chang, DCA Legal Counsel Kim Ott, Appeals and Decisions Analyst Ronnie Whitacker, Appeals and Decisions Analyst Alcidia Valim, Administration Manager Christina Sprigg, Administration and Licensing Deputy Chief Rose Ramos, Administrative Assistant Julie Campbell-Warnock, Research Program Specialist Bobbi Pierce, Licensing Program Manager Carol Stanford, Diversion Program Manager Beth Scott, Discipline, Probation and Diversion Deputy Chief

Wednesday, April 10, 2013 – 9:00 am

1.0 Call to Order

Cynthia Klein, Vice President, called the meeting to order at 9:12 am and had the Board Members introduce themselves.

2.0 Public Comment for Items Not on the Agenda

No public comment.

3.0 Review and Approve Minutes

- February 6-7, 2013 Meeting Minutes

MSC: Jackson/Phillips that the Board approve the minutes from February 6-7, 2013. 5/0/1

4.0 Report on Board Members' Activities

No Board Members' activities to report.

5.0 Board and Department Activities

Louise Bailey, Executive Officer presented this report.

Current Registered Nurse Licensee Population is: 401,157

5.1 Board Member Appointment

Joshua Groban was appointed by the Governor on April 8, 2013 and his term expires on June 1, 2017. Mr. Groban has served as senior advisor to Governor Edmund G. Brown Jr. since 2011. He was legal counsel for the Jerry Brown for Governor Campaign in 2010. Mr. Groban was an attorney at Munger Tolles and Olson LLP from 2005 to 2010 and at Paul Weiss Rifkind Wharton and Garrison LLP from 1999 to 2005. He earned a Juris Doctorate degree from Harvard Law School.

5.2 Budget Update

Current Year AG Budget

The Board's request for a $2.6 million augmentation to cover Attorney General costs has been approved. This is pursuant to the Budget Bill Language in item 110-402, and based on the FY 2012-13 expenditure projections (thru Dec. 2012).

Position Concept Papers

The Board is preparing Budget Change Proposal Concept Papers and is requesting a permanent augmentation for Enforcement to cover the continued shortfall for the Attorney General and Office of Administrative Hearings line items. The Board is also requesting additional positions in many areas to address the continued increase in workload.

The Board's current year budget is going to be very tight and is being monitored to maintain the business of the Board and ensuring only necessary expenditures are being made.

5.3 Department of Consumer Affairs (DCA) Updates

BreEZe

Phase one boards are scheduled to go live with BreEZe in mid-May 2013. User Acceptance Testing (UAT) of the BreEZe system is not completed, but progress is being made. BRN staff continues to test each process to ensure that all areas are working properly. Staff is

very diligent in ensuring that any problems with processes are documented and submitted to the vendor for correction.

BRN staff is also involved in the Data Verification (DV) process. Staff is assigned to conduct DV work on a weekly basis within very tight verification timeframes. They must ensure that all applicant, licensee and enforcement information being converted, from the current database systems to the BreEZe system, is correct and is mapped to the appropriate areas within the system. Because of the limited windows the DV staff is given to test the sample records they have been devoting their entire work days to ensuring the BRN's information is correct and complete.

With so many staff devoted to the implementation of the BreEZe system, managers are continuously redirecting work to other staff within their units. Management is trying to ensure that BRN is maintaining processing timeframes and monitoring any backlogs that arise from the redirection of staff to BreEZe. As the testing and verification process continues, work pressures are starting to take a toll on staff both on the BreEZe project and those covering staff on the project. Management is looking into options to obtain additional help to alleviate some of the workload pressures.

We will not Go Live until we have successfully completed UAT and DV and the vendor has provided a product that is stable and fully functional.

Excess Emplovee Leave Reduction

The department has discussed its efforts to address employees with excess leave balances with Board and Bureau management. The unfunded liability of leave balances can pose a considerable risk to any program, but especially those with a tight budget. When employees with large leave balances separate from state service, lump sum payments of those balances can significantly affect the fiscal status of a program.

Each year, DCA distributes notices advising all employees to reduce excess balances and reminds managers to be aware of excess balances and assist employees in their efforts to reduce these balances A reduction plan, as outlined in bargaining unit contracts, is suggested as a tool to encourage and monitor reduction efforts.

The State and Consumer Services Agency has requested information from DCA regarding the implementation of such reduction plans. The BRN has submitted a plan to DCA which addresses the number of employees with excess leave balances. The BRN's employee leave reduction plans make an effort to reduce the leave balances to the 640 hour limit by December 31, 2014. Most plans submitted successfully reach the goal to bring the leave balances below the 640 limit, but some plans will take longer to execute. For employees working on the Breeze project their leave reduction plans may extend past the December 31, 2014 date.

5.4 Strategic Planning

The BRN is currently in communication with the DCA Solid Planning Solutions unit to discuss the development of a new strategic plan for the BRN. Stacie Berumen, Assistant Executive Officer and Christina Sprigg, Deputy Chief of Licensing and Administrative Services, met with the Solid group to discuss a schedule to plan and develop a new and updated strategic plan. The Solid Planning Solutions staff provided a preliminary schedule which includes an introduction to board members of the strategic planning process. This introduction will occur at the September Board Meeting. The strategic planning process

includes involvement and input from board members, BRN management and staff in the form of online surveys, telephone interviews, and in-person development sessions. The entire process will take approximately six months to complete. Solid will compile all the information gathered and provide a comprehensive draft for review by the executive officer, assistant executive officer and board members. The final plan will be reviewed and voted on by the Board.

After adoption of the new strategic plan the Solid unit will facilitate meetings with board managers to create an action plan to guide completion of strategic objectives by establishing due dates, identifying major tasks, and assigning responsible parties.

5.5 Public Record Requests

The BRN continues to comply with public record requests and responds within the required timeframes that are set in Government Code Section 6250. For the period of January 22, 2013 through April 3, 2013, the BRN received and processed 20 public record requests.

5.6 Personnel

There are no new personnel updates to report.

6.0 Report of the Administrative Committee

Raymond Mallel, President, Chairperson

6.1 Selection of Nominating Committee for President and Vice President

Erin Niemela and Michael Jackson volunteered to be on the Nominating Committee for the June 2013 election.

6.2 Proposed Regulation for Reporting of Convictions for Initial Licensure and Renewal of License

Notice of the Board's proposed modification of the regulatory proposal increasing the specified amount has been calendared. Currently, applicants are not required to report any traffic infractions under $300. The modification increases the amount from under $300 to under $1,000.

No public comment.

MSC: Jackson/Niemela to authorize staff to amend Article 1, Section 1419 (c) to increase traffic infraction fees from $300 to $1,000. 6/0/0

6.3 2013 Forecasting Report of RNs in California

Along with each biennial RN survey and report, the BRN contracts with the University of California San Francisco (UCSF), Institute for Health Policy Studies to complete the Forecasts of the Registered Nurse Workforce in California report which presents the RN supply and demand projections. Following the 2012 RN Survey, UCSF is currently preparing the 2013 forecasting report which is based on a variety of data sources including the 2012 Survey of California RNs, BRN licensing data, data from other California state

agencies (i.e., OSHPD, EDD, Department of Finance) and national survey data. When final, this report will be included under the forms section of the BRN website.

Dr. Joanne Spetz from UCSF was in attendance and provided a presentation of some of the highlights of the data.

7.0 Report of the Education/Licensing Committee
Michael Jackson, MSN, RN, Chairperson

7.1 Ratify Minor Curriculum Revisions
Leslie Moody, NEC presented this report.

According to Board policy, Nursing Education Consultants may approve minor curriculum changes that do not significantly alter philosophy, objectives, or content. Approvals must be reported to the Education/Licensing Committee and the Board.

Minor Curriculum revisions include the following categories:

- Curriculum changes
- Work Study programs
- Preceptor programs
- Public Health Nurse (PHN) certificate programs
- Progress reports that are not related to continuing approval
- Approved Nurse Practitioner program adding a category of specialization

The following programs have submitted minor curriculum revisions that have been approved by the NECs:

- Azusa Pacific University Baccalaureate Degree Nursing Program
- California State University, Fullerton, Baccalaureate Degree Nursing Program and Entry Level Master's Degree Option Nursing Program
- West Coast University, Inland Empire, Baccalaureate Degree Nursing Program
- West Coast University, Los Angeles, Baccalaureate Degree Nursing Program
- West Coast University, Orange County, Baccalaureate Degree Nursing Program
- College of San Mateo Associate Degree Nursing Program
- College of the Sequoias Associate Degree Nursing Program
- Grossmont College Associate Degree Nursing Program
- Imperial Valley College Associate Degree Nursing Program
- Los Angeles Trade-Tech College Associate Degree Nursing Program
- Yuba College Associate Degree Nursing Program
- Charles Drew University of Medicine and Science Entry Level Master's Degree Nursing Program

Acknowledge Receipt of Program Progress Report:

- California State University, Dominguez Hills, Entry Level Master's Degree (MEPN) Nursing Program
- California State University, Fullerton, Baccalaureate Degree Nursing Program and Entry Level Master's Degree Option Program
- California State University, Dominguez Hills, Nurse Practitioner Program
- San Joaquin Valley College Associate Degree Nursing Program

No public comment.

MSC: Jackson/Niemela to ratify minor curriculum revisions and acknowledge receipt of program progress reports. 6/0/0

7.2 Education/Licensing Committee Recommendations

Leslie Moody, NEC presented this report.

The Education/Licensing Committee met on March 6, 2013 and makes the following recommendations:

A. Continue Approval of Prelicensure Nursing Program

- California State University, Northridge, Accelerated Baccalaureate Degree Nursing Program
- San Francisco State University Baccalaureate Degree and Entry Level Master's Degree Nursing Programs
- American River College Associate Degree Nursing Program
- Santa Ana College Associate Degree Nursing Program

B. Defer Action to Continue Approval of Prelicensure Nursing Program

- California State University, San Bernardino, Baccalaureate Degree Nursing Program (San Bernardino and Palm Desert Campuses)
- Merritt College Associate Degree Nursing Program

C. Approve Major Curriculum Revision

- San Francisco State University Baccalaureate Degree Nursing Program
- Merced College Associate Degree Nursing Program

No public comment.

MSC: Jackson/Phillips motion to approve the Education/Licensing Committee recommendations. 6/0/0

7.3 2011-2012 Regional Annual School Reports

Julie Campbell-Warnock presented this report.

The Regional Annual School Reports present the historical analyses of nursing program data from the 2002-2003 BRN Annual School Survey through the 2011-2012 survey for the nine economic regions in California. Each region has a separate report. All data are presented in aggregate form, and describe the overall trends in these regions over the specified periods. The data items addressed include the numbers of nursing programs, enrollments, completions, retention rates, student and faculty census information, simulation centers and student access to clinical sites and experiences.

The nine regions include: (1) Northern California, (2) Northern Sacramento Valley, (3) Greater Sacramento, (4) Bay Area, (5) San Joaquin Valley, (7) Central Coast, (8) Southern California I (Los Angeles and Ventura Counties), (9) Southern California II (Orange, Riverside, and San Bernardino Counties), and (10) Southern Border Region. Counties within each region are detailed in the corresponding report. The Central Sierra (Region 6) does not have any nursing programs and was, therefore, not included in the analyses.

Final reports will be made available to the public on the BRN website after review by the full Board.

No public comment and no motion required.

7.4 **Licensing Program Report**
Bobbi Pierce, Licensing Manager presented this report.

Program Update:

The Board of Registered Nursing Licensing Program is receiving applications for spring 2013 graduates. In March, we received 164 Individual Candidate Rosters from four California programs. Of the 164 rosters, 124 candidates are now eligible for the NCLEX-RN examination. The remaining 40 are not eligible for two reasons: pending enforcement issue(s) or the Board has not received an application.

With the impending conversion to the BreEZe system, and knowing delays could occur, an E-Blast was sent to California nursing programs asking them to submit examination applications by April 24, 2013. We want sufficient time to process as many applications as possible, so the information will migrate to BreEZe.

Statistics:
The statistics for the last two fiscal years and the first eight months of fiscal year 2012/13 are attached.

There was a significant increase in the number of applications received for Nurse Practitioner Furnishing Number certification. This increase in applications can be attributed to a change in Business & Professions Code Section 2836.1, that no longer requires Nurse Practitioners to complete six-months of physician supervised furnishing experience prior to applying.

Issues:

The following countries are of concern to the Board. I have included a brief overview of the issue(s):

Cameroon and Nigeria – Nursing programs were consistently diploma programs. Now the board is receiving transcripts reflecting BSN degrees. These BSN programs are three years in length, not the standard four years.

The documents (diplomas and transcripts) are inconsistent. We have requested information from the Ministry of Public Health asking about the inconsistencies, but have not received any response.

China – During the third year, the theoretical portion of nursing courses (geriatrics, medical-surgical, mental health/psychiatric nursing, obstetrics and pediatrics) and a minimal number of lab hours are completed. The clinical practice for the nursing courses is not completed until the fifth year.

Jamaica – The Board is receiving questionable documents. When questionable documents are received staff contacts the school. In five confirmed cases, the school has informed staff the applicants in question were never enrolled in that schools' nursing program.

The Ministry of Health and the Kingston School of Nursing have the identical mailing address and if you want to request documents from this school, you send the request to a third address on the same street.

Mexico – The Board has received verification that nursing programs are either three-years with one year of social service or four-years with one year of social service; however if the student is an American citizen they only complete 300 hours of social service.

We have applicants who completed a nursing program in less than three years; one student in 16 months, one in two years and five months, and one in two years. These students were given credit for course work, including nursing courses, completed at the vocational and nursing assistant levels.

Theoretical instruction and clinical practice are not current; for example; enrolled in Mother and Infant nursing from February to June. The Mother and Infant Clinical was from August to December.

Philippines – The Board is now receiving clinical rotation schedules for previous graduates that meet our requirements. These "altered" documents are for applicants who were found to not meet concurrency requirements based on their clinical rotation schedule. Now the documents for the same applicants meet all concurrency requirements.

Sierra Leone – Nursing schools were regulated by the Ministry of Health. Recently, documents were received indicating there is a Nursing Council regulated by the Ministry of Health and Sanitation; however, we have not been able to confirm the Nursing Council's existence. It is our understanding that the Nurses and Midwives Board regulates and licenses nurses and midwives in Sierra Leone.

Sierra Leone has only two nursing schools. The Board has no record of receiving any applications from one of the schools. We have received six (6) applications from graduates of the second school and each transcript is different: some have the school stamp others do not; the school stamp varies in size and color, the color used in the school letter head name is in different colors, one transcript has the school's letterhead and school stamp pre-printed while the others do not. With these discrepancies, it is difficult for staff to know what is accurate. Staff has written to the school and there has been no response.

Taiwan – Taiwan has four different types of nursing programs. Depending on the length of the program, the first two to three years the student completes the pre-requisites and theoretical portion of nursing courses. The fifth year is when the clinical training is completed.

The Board asked why clinical training is completed only in the fifth year and the response was either: over enrollment of students and no clinical placements; or because students can begin nursing school at such a young age (13 or 15) it was determined the students would benefit from additional training in nursing foundations. As with China, students complete minimal labs hours with theoretical instruction.

CALIFORNIA BOARD OF REGISTERED NURSING
LICENSING STATISTICS

DESCRIPTIONS	FISCALYEAR 2010/11			FISCAL YEAR 2011/12			FISCAL YEAR 2012/13 (July 1, 2012 to March 22, 2013)		
	APPS RECEIVED	**APPS PENDING	LICENSES & CERTS ISSUED	APPS RECEVIED	**APPS PENDNG	LICENSES & CERTS ISSUED	APPS RECEIVED	**APPS PENDING	LICENSES & CERTS ISSUED
REGISTERED NURSE – EXAMINATIONS ENDORSEMENTS & REPEATERS	34,559	5,933	23,150	37,226	4,725	22,853	21,740	10,292	17,057
CLINICAL NURSE SPECIALISTS	200	97	197	246	101	200	166	102	168
NURSE ANESTHETISTS	148	22	145	185	31	169	147	40	139
NURSE MIDWIVES	44	18	48	74	21	58	42	21	40
NURSE MIDWIFE FURNISHING NUMBER	23	6	23	37	4	37	41	9	37
NURSE PRACTITIONERS	838	263	917	1,273	248	1,161	888	139	987
NURSE PRACTITIONER FURNISHING NUMBER	699	65	751	894	149	857	1,262	207	1,164
PSYCH/MENTAL HEALTH LISTING	8	5	6	8	10	2	8	16	2
PUBLIC HEALTH NURSE	2,679	343	2,712	3,032	474	2,853	2,172	703	2,187

**Applications pending – Initial evaluation is complete; additional documentation required to complete file or applicant needs to register with testing vendor

Public comment:

Kelly Green, CNA

8.0 Report of the Legislative Committee
Erin Niemela, Chairperson

8.1 Adopt/Modify Positions on Bills of Interest to the Board, and any other Bills of Interest to the Board introduced during the 2013-2014 Legislative Session
Kay Weinkam, NEC presented this report.

Assembly Bills

AB 154 (Atkins) Abortion

Public comment:

Kelly Green, CNA
Trisha Hunter, ANA/C

MSC: Niemela/Dong that the Board **Support** AB 154. 5/0/1

AB 186 (Maienschein) Professions and vocations: military spouses; temporary licenses

Public comment:

Kelly Green, CNA
Trisha Hunter, ANA/C

MSC: Niemela/Jackson that the Board **Oppose** AB 186. 5/0/1

AB 213 (Logue) Healing arts: licensure and certification requirements: military experience

No public comment.

MSC: Jackson/Klein that the Board **Oppose** AB 213. 5/0/1

AB 259 (Logue) Nursing: CPR in emergency situations

Public comment:

Judy King, One to one, RN, SEIU Nurse Alliance
Kelly Green, CNA
Trisha Hunter, ANA/C

MSC: Klein/Jackson that the Board **Watch** AB 259. 6/0/0

AB 291 (Nestande) California Sunset Review Committee

Public comment:

Trisha Hunter, ANA/C
Kelly Green, CNA
Judy King, One to one, RN, SEIU Nurse Alliance

MSC: Klein/Jackson that the Board **Watch** AB 291. 6/0/0

AB 361 (Mitchell) Medi-Cal: Health homes for Medi-Cal enrollees

No public comment.

MSC: Klein/Dong that the Board **Support** AB 361. 5/0/1

AB 512 (Rendon) Healing arts: licensure exemption

Public comment:

Kelly Green, CNA

MSC: Jackson/Dong that the Board **Oppose** AB 512. 4/1/1

AB 555 (Salas) Professions and vocations: military and veterans

Public comment:

Kelly Green, CNA

MSC: Klein/Jackson that the Board **Oppose Unless Amended** AB 555. 5/0/1

AB 697 (Gomez) Nursing education: service in state veterans homes

No public comment.

MSC: Klein/Phillips that the Board **Support** AB 697. 5/0/1

AB 705 (Blumenfield) Combat to Care Act

Public comment:

Trisha Hunter, ANA/C
Kelly Green, CNA

MSC: Niemela/Jackson that the Board **Oppose Unless Amended** AB 705. 5/0/1

AB 790 (Gomez) Child abuse: reporting

No public comment.

MSC: Niemela/Jackson that the Board **Support** AB 790. 5/0/1

AB 859 (Gomez) Professions and vocations: military medical personnel

No public comment.

MSC: Niemela/Klein that the Board **Watch** AB 859. 6/0/0

AB 1017 (Gomez) Incoming telephone calls: messages

Public comment:

Trisha Hunter, ANA/C

MSC: Niemela/Jackson that the Board **Watch** AB 1017. 6/0/0

AB 1057 (Medina) Professions and vocations: licenses: military service

No public comment.

MSC: Niemela/Jackson that the Board **Support if Amended** AB 1057. 5/0/1

Senate Bills

SB 271 (Hernandez, E.) Associate Degree Nursing Scholarship Program

Public comment:

Kelly Green, CNA

MSC: Niemela/Phillips that the Board **Support** SB 271. 5/0/1

SB 352 (Pavley) Medical assistants: supervision

Public Comment:

Kelly Green, CNA
Sherri Patrick, CANP
Trisha Hunter, ANA/C

MSC: Jackson/Phillips that the Board **Oppose** SB 352. 4/1/1

SB 430 (Wright) Pupil health: vision appraisal: binocular function

Public comment:

Trisha Hunter, ANA/C

MSC: Niemela/Klein that the Board **Watch** SB 430. 6/0/0

SB 440 (Padilla) Public postsecondary education: Student Transfer Achievement Reform Act

Public comment:

Trisha Hunter, ANA/C

MSC: Niemela/Jackson that the Board **Watch** SB 440. 6/0/0

SB 532 (De León) Professions and vocations: military spouses: temporary licenses

No public comment.

MSC: Klein/Jackson that the Board **Watch** SB 532. 5/0/1

SB 718 (Yee) Hospitals: workplace violence prevention plan

Public comment:

Kelly Green, CNA
Judy King, One to one, RN, SEIU Nurse Alliance

MSC: Klein/Jackson that the Board **Support** SB 718. 5/0/1

SB 723 (Correa) Veterans

No public comment.

MSC: Niemela/Jackson that the Board **Watch** SB 723. 6/0/0

SB 809 (DeSaulnier) Controlled substances: reporting

Public comment:

Trisha Hunter, ANA/C

MSC: Niemela/Jackson that the Board **Watch** SB 809. 5/1/0

9.0 Report of the Diversion/Discipline Committee
Cynthia Klein, RN, Chairperson

9.1 Complaint Intake and Investigation Update
Stacie Berumen, Assistant Executive Officer presented this report.

PROGRAM UPDATES

COMPLAINT INTAKE:

Staff
We have filled the position to replace one of our OTs who transferred to the Discipline Unit and await fingerprint clearance before we set a start date. Due to lack of competitive compensation, we have been unable to recruit an NEC to cover the entire Enforcement Division.

Program
Of the 147,000 nurses licensed prior to 1990 who were required to retroactively fingerprint between 2009 and 2011, 5,261 were non-complaint. Letters were sent indicating if they did

not show proof of fingerprint submission by their next renewal date; their license would be inactivated and sent to enforcement. Of this number, 1,222 still failed to provide proof of fingerprint submission. These licenses were inactivated and are being referred to Complaint Intake for issuance of a citation and fine for non-compliance.

Everyone in Complaint Intake has been trained on BreEZe. The training was very high level and addressed only how to navigate the screens, not how to incorporate business processes.

Our new BreEZe "Go Live" date is scheduled for May 13. To ensure the least amount of unit disruption when the system is implemented, all Complaint Intake unit staff met on February 20 to go over BreEZe functionality. We mapped the business processes and system interaction and identified new procedures required to support unit tasks. Staff was instructed to practice using the system two hours each day for a week. Additional hands on group training and procedure writing sessions are taking place two days per week until all procedure manuals are rewritten and staff feels competent to use the new system.

Having procedures in place and staff fully familiar with their new business processes is essential and has taken top priority. Therefore, as we turn our full attention to preparing for the new system, complaint intake productivity will suffer greatly – possibly for the next several weeks, thereby creating backlogs.

Statistics

For fiscal year 2012/13, as of February 28, 2013, we received 5,171 complaints. Projected out, it is estimated we will receive approximately 7,757 complaints by the end of this fiscal year. The average time to close a complaint **not referred to discipline** went from 164 days in July 2012 to 141 days.

INVESTIGATIONS:

Staff

Northern – We are fully staffed with one Supervising Special Investigator and seven Special Investigators.

Southern – We have filled the Special Investigator position for the LA/Orange County area and this individual has a start date of April 22. There will be another investigator opening in the near future we hope to start recruiting sometime in April.

Due to the number of So Cal cases and the difficulty in recruiting qualified Special Investigator candidates, we were approved to keep our retired annuitant until the end of the fiscal year.

Program

Both DOI and BRN Investigations have issued subpoenas to facilities unwilling to give us documents for our investigations. Some facilities continue to be non-compliant with subpoenas and we have forwarded them to the Attorney General's office to obtain court orders to enforce compliance.

In preparation for potential drug testing, our So Cal investigators completed Advanced Roadside Impaired Driving Enforcement (ARIDE) training, given free through the California Highway Patrol, on January 29-30, 2013 and No Cal completed the same training

in Folsom, CA on March 7-8. Our plan is to use the mobile testing services from First Lab when it becomes available through the BRN Probation Unit.

Statistics

The following are internal numbers (end of month) across all investigators not broken out on the performance measurement report. Total cases unassigned reflect the loss of 32 cases pulled and returned to DOI for investigation. Due to staff turnover, BreEZe training, holidays, furloughs, and a short month, February numbers reflect a downturn in productivity. In addition, the average cost per case is widely skewed due to one large case that took many hours to investigate. Without that case, the average cost per case would have been $3,725, a significant drop from January.

BRN Investigation Unit	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013
Total cases assigned	268	341				
Total cases unassigned (pending)	135	136				
Average days to case completion	293	311				
Average cost per case	$4,223	$5,421				
Cases closed	19	13				

As of February 28, there were 643 DOI investigations pending.

Please review the enforcement statistics reports in 9.3 for additional breakdown of information.

No public comment and no motion required.

9.2 Discipline and Probation Update

Beth Scott, Discipline, Probation and Diversion Deputy Chief presented this report.

PROGRAM UPDATE

Staff

The Probation Unit is fully staffed with 6 monitors and 1 Office Technician (OT). One monitor dedicates approximately 65% of her work hours to BreEze Data Verification and other BreEze projects.

The Discipline Unit is fully staffed with 5 case analysts, 2 legal support analysts, 1 cite and fine analyst and 2 OTs.

One discipline analyst has been dedicated to BreEze full time; therefore, her workload will be absorbed by the other analysts and managers.

The Discipline and Probation Programs lost 160 hours per month of staff time due to state mandated furloughs.

Program – Discipline

Discipline will continue to audit charges from the Attorney General's (AG) offices to determine if the BRN is being charged appropriately. Our BRN research analysts also review AG charges seeking out anomalies for review.

The total amount of open discipline cases are 1,836 with an average case load per analyst at 367. There are approximately 1,962 cases at the AG's office.

The Legal Support Analyst started preparing default decisions for the Sacramento Office effective October 1, 2012. The Legal Support Analysts have been working under the direction of DCA Legal Counsel to prepare default decisions for the Oakland and San Francisco AG Offices for approximately two years. We have contacted the AGs office and requested to begin processing the defaults for the LA office as soon as possible and expand to the San Diego office shortly thereafter.

Our Legal Support Analyst and staff have been busy processing Decisions. For fiscal year 2013 (July 1, 2012 through March 20, 2013):

Decisions Adopted by Board	871
Pending Processing by legal support staff	15

Staff continues to increase its usage of citation and fine as a constructive method to inform licensees and applicants of violations which do not rise to the level of formal disciplinary action.

The BRN continues to issue citations for address change violations pursuant to the California Code of Regulations §1409.1. To date we have ordered $27,100 for failure to update address change citations. The BRN website was updated with a reminder of the address change requirement.

We have issued more citations and received more payments than any time in BRN history.

Citation information below reflects the work for fiscal year 2013 (July 1, 2012 through March 20, 2013).

Number of citations issued	533
Total fines ordered	$217,875.00
Fines paid (amounts include payments from fines issued in prior fiscal year)	$147,506.50
Citations pending issuance	500+

The Discipline Unit continues to work on the NURSYS discipline data comparison project (SCRUB). The status of the documents reviewed:

Referred to the Attorney General	679
Pleadings Received	546
Default Decisions Effective	240
Stipulated Decisions Effective	164
Referred to Cite and Fine	64
Closed Without Action (Action taken by CA (prior to 2000) but not reported to Nursys or information approved at time of licensure)	923

Program – Probation

On February 21 and 22, staff attended the Medical and Pharmacy Boards "Joint Forum to Promote Appropriate Prescribing and Dispensing" a free training offered in San Francisco.

The case load per probation monitor is approximately 121.

AG COSTS:
As of March 20, 2013, the BRN has expended $1,339,538 at the AG's office on the NURSYS SCRUB cases.

Statistics - Discipline
Please review additional statistical information which can be found under item 9.3.

Statistics – Probation
Below are the statistics for the Probation program from July 1, 2012 to March 19, 2013

Probation Data	Numbers	% of Active
Male	184	25%
Female	538	75%
Chemical Dependency	363	50%
Practice Case	219	30%
Mental Health	1	>1%
Conviction	139	19%
Advanced Certificates	73	10%
Southern California	363	50%
Northern California	359	50%
Pending with AG/Board	89	12%
License Revoked	18	3%
License Surrendered	61	8%
Terminated	6	<1%
Completed	39	5%
Active in-state probationers	**722**	
Completed/Revoked/Terminated/ Surrendered	124	
Tolled Probationers	**222**	

No public comment and no motion required.

9.3 Enforcement Statistics

The following are statistics for the Enforcement Division.

BOARD OF REGISTERED NURSING
ENFORCEMENT MEASURES
FOR ALL IDENTIFIERS
07/01/2012 THRU 04/30/2013

COMPLAINT INTAKE

COMPLAINTS	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	MAR-13	APR-13	YTD
RECEIVED	158	403	310	205	150	198	145	223	167	305	2264
CLOSED W/O INV ASSIGNMENT	32	44	26	47	52	29	40	39	52	41	402
ASSIGNED FOR INVESTIGATION	101	351	301	185	154	112	149	117	171	239	1880
AVG DAYS TO CLOSE OR ASSIGN	22	6	10	48	20	10	38	30	21	13	20
PENDING	163	173	156	130	74	131	87	153	97	120	120

CONVICTIONS/ARREST REPORTS	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	MAR-13	APR-13	YTD
RECEIVED	511	406	361	400	382	506	437	401	419	485	4308
CLSD/ASSGND FOR INVESTIGATION	497	338	401	400	421	476	452	418	399	493	4295
AVG DAYS TO CLOSE OR ASSIGN	4	8	9	14	10	6	14	7	9	11	9
PENDING	89	157	117	117	78	108	93	76	96	88	88

TOTAL INTAKE	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	MAR-13	APR-13	YTD
RECEIVED	669	809	671	605	532	704	582	624	586	790	6572
CLOSED W/O INV ASSIGNMENT	50	49	33	65	61	41	53	48	62	59	521
ASSIGNED FOR INVESTIGATION	580	684	695	567	566	576	588	526	560	714	6056
AVG DAYS TO CLOSE OR ASSIGN	8	7	10	27	13	7	21	13	13	12	13
PENDING	252	330	273	247	152	239	180	229	193	208	208

BOARD OF REGISTERED NURSING
ENFORCEMENT MEASURES
FOR ALL IDENTIFIERS
07/01/2012 THRU 04/30/2013

INVESTIGATIONS

DESK INVESTIGATIONS	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	MAR-13	APR-13	YTD
ASSIGNMENTS	581	681	696	566	565	576	591	526	562	718	6062
CLOSED	639	678	664	808	685	613	596	553	637	770	6643
AVERAGE DAYS TO CLOSE	159	136	147	140	128	131	106	131	125	141	135
PENDING	3685	3615	3594	3242	3058	2970	2919	2854	2718	2593	2593

FIELD INVESTIGATIONS:NON-SWORN	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	MAR-13	APR-13	YTD
ASSIGNMENTS	8	23	30	44	15	11	24	16	34	39	244
CLOSED	14	2	12	10	19	16	33	21	25	39	191
AVERAGE DAYS TO CLOSE	988	766	694	726	634	710	839	778	701	719	754
PENDING	460	480	498	531	527	522	484	476	484	484	484

FIELD INVESTIGATIONS:SWORN	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	MAR-13	APR-13	YTD
ASSIGNMENTS	47	53	22	67	49	40	47	27	27	31	410
CLOSED	78	61	73	71	67	68	55	62	69	72	676
AVERAGE DAYS TO CLOSE	642	604	568	637	699	568	545	541	592	487	589
PENDING	813	806	755	752	735	707	700	663	620	578	578

ALL INVESTIGATIONS	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	MAR-13	APR-13	YTD
FIRST ASSIGNMENTS	581	682	696	566	566	576	591	527	562	718	6065
CLOSED	731	741	749	889	771	697	684	636	731	881	7510
AVERAGE DAYS TO CLOSE	226	176	196	186	190	187	176	192	189	195	191
PENDING	4958	4901	4847	4525	4320	4199	4103	3993	3822	3655	3655

ALL INVESTIGATIONS AGING	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	MAR-13	APR-13	YTD
UP TO 90 DAYS	403	420	410	467	410	380	428	371	429	495	4213
91 TO 180 DAYS	60	90	101	145	134	88	55	49	49	69	840
181 DAYS TO 1 YEAR	93	96	66	126	81	84	67	81	106	121	921
1 TO 2 YEARS	122	91	124	101	111	108	90	101	105	151	1104
2 TO 3 YEARS	37	41	40	32	25	29	36	24	26	31	321
OVER 3 YEARS	16	3	8	17	10	8	8	10	16	14	110

CLOSED W/O DISCIPLINE REFERRAL	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	MAR-13	APR-13	YTD
CLOSED	532	548	540	650	556	503	531	484	570	681	5595
AVERAGE DAYS TO CLOSE	163	133	136	143	144	134	130	149	133	152	142

BOARD OF REGISTERED NURSING
ENFORCEMENT MEASURES
FOR ALL IDENTIFIERS
07/01/2012 THRU 04/30/2013

ENFORCEMENT ACTIONS

AG CASES	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	MAR-13	APR-13	YTD
AG CASES INITIATED	145	149	168	195	177	157	116	115	129	149	1500
AG CASES PENDING	1521	1488	1562	1680	1768	1852	1874	1942	1944	2016	2016

SOIs/ACCUSATIONS	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	MAR-13	APR-13	YTD
SOIs FILED	13	13	7	18	10	15	11	6	13	10	116
ACCUSATIONS FILED	71	48	75	107	80	87	59	84	153	131	895

SOI DECISIONS/STIPS	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	MAR-13	APR-13	YTD
PROP/DEFLT DECISIONS	8	9	4	1	3	4	10	1	6	1	47
STIPULATIONS	0	14	7	10	7	2	5	1	4	5	55

ACC DECISIONS/STIPS	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	MAR-13	APR-13	YTD
PROP/DEFLT DECISIONS	35	74	14	18	15	21	40	15	49	19	300
STIPULATIONS	47	56	57	26	48	41	32	18	48	32	405

SOI DISCIPLINARY ORDERS	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	MAR-13	APR-13	YTD
SOI FINAL ORDERS (DEC/STIPS)	8	23	11	11	10	6	15	2	10	6	102
AVERAGE DAYS TO COMPLETE	611	539	549	513	593	574	592	499	570	578	563

ACC DISCIPLINARY ORDERS	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	MAR-13	APR-13	YTD
ACC FINAL ORDERS (DEC/STIPS)	82	130	71	44	63	62	72	33	97	51	705
AVERAGE DAYS TO COMPLETE	757	728	864	829	826	734	809	613	819	706	775

TOTAL DISCIPLINARY ORDERS	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	MAR-13	APR-13	YTD
TOTAL FINAL ORDERS (DEC/STIPS)	90	153	82	55	73	68	87	35	107	57	807
TOTAL AVERAGE DAYS TO COMPLETE	744	700	822	766	794	720	772	607	796	693	748

TOTAL ORDERS AGING	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	MAR-13	APR-13	YTD
UP TO 90 DAYS	0	0	0	0	0	0	0	0	0	0	0
91 TO 180 DAYS	0	0	0	0	0	0	1	0	0	1	2
181 DAYS TO 1 YEAR	5	12	3	7	8	3	7	8	10	8	71
1 TO 2 YEARS	50	90	35	21	29	39	42	17	52	24	399
2 TO 3 YEARS	24	30	30	15	21	20	26	10	23	19	218
OVER 3 YEARS	11	21	14	12	15	6	11	0	22	5	117

SOIs WDRWN DSMSSD DCLND	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	MAR-13	APR-13	YTD
SOIs WITHDRAWN	0	1	1	3	0	1	0	0	0	0	6
SOIs DISMISSED	0	0	0	0	0	0	0	0	0	0	0
SOIs DECLINED	0	0	0	0	0	0	0	0	0	0	0
AVERAGE DAYS TO COMPLETE	0	232	333	474	0	679	0	0	0	0	444

ACCUSATIONS WDRWN DSMSSD DCLND	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	MAR-13	APR-13	YTD
ACCUSATIONS WITHDRAWN	0	2	1	2	0	0	2	1	1	1	10
ACCUSATIONS DISMISSED	0	0	0	1	0	0	0	0	3	0	4
ACCUSATIONS DECLINED	1	1	5	8	5	3	1	5	5	0	34
AVERAGE DAYS TO COMPLETE	901	1014	563	496	617	648	854	797	807	713	690

NO DISCIPLINARY ACTION	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	MAR-13	APR-13	YTD
CLOSED W/O DISCIPLINARY ACTION	3	2	0	5	7	0	1	1	6	7	32
AVERAGE DAYS TO COMPLETE	134	437	0	402	355	0	61	4	419	316	330

CITATIONS	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	MAR-13	APR-13	YTD
FINAL CITATIONS	37	77	95	115	75	18	26	45	91	54	633
AVERAGE DAYS TO COMPLETE	571	258	167	152	177	652	364	595	486	460	323

OTHER LEGAL ACTIONS	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	MAR-13	APR-13	YTD
INTERIM SUSP ORDERS ISSUED	0	0	0	2	0	0	0	0	0	1	3
PC 23 ORDERS ISSUED	1	3	0	1	1	1	0	2	0	3	12

BOARD OF REGISTERED NURSING
PERFORMANCE MEASURES
FOR ALL IDENTIFIERS
07/01/2012 THRU 04/30/2013

PERFORMANCE MEASURES

	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	MAR-13	APR-13	YTD
PM1: COMPLAINTS VOLUME	158	403	310	205	150	198	145	223	167	305	2264
PM1: CONV/ARREST RPRTS VOLUME	511	406	361	400	382	506	437	401	419	485	4308
PM2: CYCLE TIME-INTAKE	8	7	10	27	13	7	21	13	13	12	13
PM3: CYCLE TIME-NO DISCIPLINE	163	133	136	143	144	134	130	149	133	152	142
PM4: CYCLE TIME-DISCIPLINE	724	697	822	736	756	720	764	590	776	652	732

PM1: COMPLAINTS VOLUME - PM1: CONV/ARREST RPRTS VOLUME
Number of Complaints and Convictions/Arrest Orders Received within the specified time period.

PM2: CYCLE TIME-INTAKE
Average Number of Days to complete Complaint Intake during the specified time period.

PM3: CYCLE TIME-NO DISCIPLINE
Average Number of Days to complete Complaint Intake and Investigation steps of the Enforcement process for Closed Complaints not resulting in Formal Discipline during the specified time period.

PM4: CYCLE TIME-DISCIPLINE
Average Number of Days to complete the Enforcement process (Complaint Intake, Investigation, and Formal Discipline steps) for Cases Closed which had gone to the Formal Discipline step during the specified time period.

CALIFORNIA BOARD OF REGISTERED NURSING
ENFORCEMENT STATISTICS
April 30, 2013

STATISTICAL DESCRIPTION	2008-09	2009-10	2010-11	2011-12	2012-13*	Projected FY 2012-13
Complaints Received	5,794	7,483	7,977	7,844	6,572	7,886
Consumer Complaints	3,323	2,190	3,063	2,735	2,264	2,717
Convictions/Arrests	2,471	5,293	4,914	5,109	4,308	5,170
Referred to Diversion Program	400	604	368	1,053	861	1,033
Division of Investigation (Sworn)-Assigned	582	484	835	693	410	492
Division of Investigation Closed	748	1,015	716	648	676	811
Division of Investigation Pending	1,170	641	789	851	578	
BRN Investigations (Non Sworn)-Assigned		58	33	298	244	293
BRN Investigations Closed		14	53	27	191	229
BRN Investigations Pending		40	25	280	484	
BRN Desk Investigations Assigned	5,650	7,865	7,409	7,204	6,062	7,274
BRN Desk Investigations Closed	3,519	7,116	6,668	5,925	6,643	7,972
BRN Desk Investigations Pending	1,677	1,887	2,137	3,029	2,593	
Criminal Actions Filed	22	21	16	9	2	2
Total Cite and Fine Citations Issued	115	181	105	412	633	760
Referred to Attorney General	515	766	1,190	944	1,500	1,800
Cases Pending at Attorney General	692	838	1,198	1,448	1,982	
Petitions to Revoke Probation Filed	59	91	61	55	64	77
Accusations Filed	359	696	913	589	895	1,074
Statements of Issues Filed	14	13	52	132	116	139
Total Pleadings	432	800	1,026	776	1,075	1,290
Orders to Compel Examination (Sec. 820)	4	4	10	12	11	13
Interim Suspension Order	2	8	1	0	2	2
PC23	8	6	7	8	12	14
Applicant Disciplinary Actions:						
(a) License Denied	15	27	55	72	51	61
(b) License Issued on Probation	4	9	14	43	68	82
Total, Applicant Discipline	19	36	69	115	119	143
Licensee Disciplinary Actions:						
(a) Revocation	131	243	273	227	254	305
(b) Probation	139	176	267	225	233	280
(c) Suspension/Probation	6	1	6	3	1	1
(d) License Surrendered	79	92	155	128	150	180
(e) Public Reprimand/Reproval	8	12	37	79	65	78
(f) Decisions Other	5	2	5	3	2	2
Total, Licensee Discipline	368	526	743	665	705	846
Process Used for Discipline (licensees)						
(a) Administrative Hearing	56	58	102	121	92	110
(b) Default Decision	105	206	217	183	208	250
(c) Stipulation	207	262	424	361	405	486
Total	368	526	743	665	705	846

*Fiscal Year to Date

No public comment and no motion required.

9.4 Diversion Program Update and Statistics

Carol Stanford, Diversion Program Manager presented this report.

Program Update

The Diversion Program has filled their vacant Office Technician Position with Kim Poston. She was most recently employed as a health aid at an elementary school for 6 years. This is her first state service appointment. Due to lack of support staff and furlough hours the backlog of complaints has increased. She has diligently worked to help alleviate the backlog and has processed over 200 complaints since she began her employment with the BRN at the end of December. The Program is now processing January complaints and should be totally caught up within the next 30 days.

On February 21 and 22nd, the Program Manager, Carol Stanford and the Deputy Chief of Discipline, Probation and Diversion, Beth Scott attended the California Medical and Pharmacy Boards' Joint Forum to Promote Appropriate Prescribing and Dispensing. The topics included, but were not limited to: information relating to public policy surrounding prescription drug abuse, prescription drug trafficking, abuse and diversion of narcotics, California's Prescription Drug Monitoring Program (CURES) and what to do when your patients are addicted. There were guest speakers from the White House, Drug Enforcement Agency, Criminal Justice Department, District Attorney and Attorney General's Office, the Emergency Medical Services, hospitals and the Medical and Pharmacy Boards. The information obtained was very educational. Training materials from the forum will be available on the Medical Board and Pharmacy Board's website at a later date.

Due to the prescription drug abuse epidemic and changes in many of the illegal drugs used by healthcare professionals, the Department of Consumer Affairs' (DCA) Diversion Program Managers along with DCA's legal staff met with Maximus and approved a more extensive and updated drug testing protocol. The new panel has been in place for a couple months and the program is monitoring the results to determine if there are any increases in positive tests. The panel change brought about a slight increase in testing fees which had already been accounted for in the DCA contract.

Contractor Update

Maximus is recruiting for a vacant clinical case manager position. As our Diversion Program numbers increase, this position becomes more vital. They are aggressively advertising for a qualified nurse to fulfill this vacant position.

Maximus is also contracted to do continual outreach presentations in the healthcare community. This is sometimes done in conjunction with BRN staff and has increased public awareness about the Diversion program to nursing programs and hospital staff personnel. Some of the comments on the evaluations the program has been receiving as a result of these presentations are, "Wonderful presentation." "Excited to hear there is a program like this for healthcare professionals." "Perhaps if there were a website or more

advertisement out to the healthcare industry more healthcare professionals could utilize the program." "Thanks for presenting this area...often overlooked..." This is a major component of the Maximus contract which we look forward to expanding in the near future.

Diversion Evaluation Committees (DEC)

Four nursing students from Samuel Merritt College attended the Diversion Evaluation Committee's open session in the Bay Area. The committee members discussed the Diversion Program with the students and explained the Board's disciplinary processes. BRN staff and the committee were able to answer the students' questions and help them distinguish the difference between Diversion and Probation.

There are currently four vacancies at this time: one public, one registered nurse, and two physician positions. Recruitment efforts continue.

Statistics

The Statistical Summary Report for December 2012 and January 2013 is attached. As of January 31, 2013, there were 1,736 successful completions.

No public comment and no motion required.

BOARD OF REGISTERED NURSING
DIVERSION PROGRAM
STATISTICAL SUMMARY
February 1, 2013 - March 31, 2013

	CURRENT MONTHS	YEAR TO DATE (FY)	PROGRAM TO DATE
INTAKES COMPLETED	45	161	4,615
INTAKE INFORMATION			
Female	29	126	3,611
Male	16	35	977
Unknown	0	0	27
Average Age	30-49		
Most Common Worksite	Hospital		
Most Common Specialty	Critical Care		
Most Common Substance Abused	Alcohol/Vicodin		
PRESENTING PROBLEM AT INTAKE			
Substance Abuse (only)	21	73	2,949
Mental Illness (only)	2	6	153
Dual Diagnosis	22	77	1,461
Undetermined	0	5	52
REFERRAL TYPE*			
Board	36	131	3,335
Self	9	30	1,280
*May change after Intake			
ETHNICITY (IF KNOWN) AT INTAKE			
American Indian/Alaska Native	0	2	33
Asian/Asian Indian	1	8	100
African American	1	3	142
Hispanic	6	16	186
Native Hawaiian/Pacific Islander	1	1	20
Caucasian	36	129	3,803
Other	0	2	65
Not Reported	0	0	266
CLOSURES			
Successful Completion	17	84	1,753
Failure to Derive Benefit	0	2	117
Failure to Comply	1	9	947
Moved to Another State	0	0	51
Not Accepted by DEC	1	2	49
Voluntary Withdrawal Post-DEC	2	8	311
Voluntary Withdrawal Pre-DEC	7	14	457
Closed Public Risk	8	17	263
No Longer Eligible	0	3	13
Clinically Inappropriate	1	6	18
Client Expired	0	0	38
Sent to Board Pre-DEC	0	0	1
TOTAL CLOSURES	37	145	4,018
NUMBER OF PARTICIPANTS: 470 (as of March 31, 2013)			

9.4.1 Diversion Evaluation Committee Member Transfer(s)

In accordance with B&P Code Section 2770.2, the Board of Registered Nursing is responsible for appointing persons to serve on the Diversion Evaluation Committees. Each Committee for the Diversion Program is composed of three registered nurses, a physician, and a public member with expertise in chemical dependency and/or mental health.

TRANSFER

Below is the name of the DEC member who would like to transfer from his appointed DEC to another DEC for personal reasons.

NAME	TITLE	From DEC	NO	To DEC	NO
Scott Reiter,	Physician	Ontario	9	L.A.	3
Barry Solof,	Physician	San Jose	7	Ontario	9

No public comment and no motion required.

9.4.2 Diversion Evaluation Committee Member Resignation(s)

In accordance with B&P Code Section 2770.2, the Board of Registered Nursing is responsible for appointing persons to serve on the Diversion Evaluation Committees. Each Committee for the Diversion Program is composed of three registered nurses, a physician, and a public member with expertise in chemical dependency and/or mental health.

RESIGNATION

Diversion Evaluation Committee Member Resignation for personal reasons.

NAME	TITLE	DEC	NO
Romana Zvereva	Physician	Los Angeles	3
Glenn Wedeen	Physician	Ontario	9

No public comment and no motion required.

10.0 Report of the Nursing Practice Committee
Trande Phillips, RN, Chairperson

10.1 Approve / not approve advisory statements for RNs and APRNs
Janette Wackerly, Supervising NEC presented this report.

Registered nursing advisory statements are available at www.rn.ca.gov. When using the BRN home page, place the cursor on the left hand side of the page "Practice Information." Click on the RN, NP, or CNM document for viewing.

Legal has had opportunity to review the listing of proposed registered nursing and advanced practice advisories as requested.

The following advisories are a result of legislation enacted during 2011-2012 session, adding Section 2417.5 to Business and Professions Code relating to the practice of

medicine, cosmetic surgery, employment of physicians and surgeons. Medical Board is in the process of adopting Section 1364.50, Article 10, Chapter 2, Division 13, of Title 16 regulations on the appropriate level of physician availability needed within clinics or other settings where laser or intense light devices is used for cosmetic surgery.

The Practice Committee requested review and acceptance of the following advisories:

1. Elective Cosmetic Medical Procedures or Treatments: Med Spa

Registered Nurses and Advanced Practice Nurses

Elective Cosmetic Medical Procedures or Treatments: Med Spa

Legislation enacted during 2011-2012 Session

Assembly Bill 1548, (Carter) Chapter 140 is an act to add Section 2417.5 to the Business and Professions Code, relating to practice of medicine, cosmetic surgery, employment of physicians and surgeons.

Approved by Governor Edmund G. Brown, Jr., July 17, 2012. Filed with the Secretary of State July 17, 2012. This amendment to the law increases the penalties for illegally owning and operating a medical spa.

Current law already requires that medical businesses operating in California be owned by a physician or owned at least 51 percent by a physician and the remainder by a licensed practitioner, such as a nurse. Additionally, patients must be examined by a physician or an advanced practitioner, such as a nurse, or a physician assistant, before treatments are administered.

This bill, with respect to business organization that provide outpatient elective cosmetic procedures or treatments, that are owned and operated in violation of the prohibition against employment of licensed physician and surgeon and podiatrist, and contracts with or employs these licensees to facilitate the offer or provision of procedures or treatments that may only be provided by these licensees, would make that business organization guilty of a violation of the prohibition against knowingly making or causing to be made any false or fraudulent claim of payment of a health care benefit.

The Medical Practice Act restricts the employment of licensed physicians and surgeons and podiatrists by a corporation or other artificial legal entity, subject to specific exemptions. Existing law makes it unlawful to knowingly make, or cause to make, any false or fraudulent claim for payment of health care benefit, or to aid, abet, solicit, or conspire with any person to do so, and makes a violation of this prohibition public offense.

THE PEOPLE OF CALIFORNIA DO ENACT AS FOLLOWS:

Section1. The Legislature finds and declares that the Medical Practice Act prohibits corporations and other artificial legal entities from exercising professional rights, privileges, or powers, as described in Article 18, (commencing with Section 2400) of Chapter 5 of Division 2 of the Business and Professions Code, and that the prohibited

conduct described in Section 2417.5 of the Business and Professions Code, as added by this act, is declaratory of existing law.

Sec.2. Section 2417.5 is added to the Business and Professions Code to read:

2417. (a) A business organization that offers to provide, or provides, outpatient elective cosmetic medical procedures or treatments, that is owned and operated in violation of Section 2400, and that contracts with or otherwise employs, a physician and surgeon to facilitate its offers to provide, or the provision of, outpatient elective cosmetic medical procedures or treatment that may be provided only by the holder of a valid physician's and surgeon's certificate is guilty of violation paragraph (6) of Section 550 of the Penal Code.

(b) For purposes of this section, "outpatient elective cosmetic medical procedures or treatments" means medical procedures or treatments that are performed to alter or reshape normal structures of the body solely in order to improve appearance.

(c) Nothing in this section shall be construed to alter or apply to arrangements currently authorized by law, including but not limited to, an entity operating a medical facility or other business authorized to provide medical services under Section 1206 of the Health and Safety Code.

Sec.3. No reimbursement is required by this act pursuant to Section 6 of Article XIIIB of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIIIB of the California Constitution.

2. Proposed Regulation: Physician Availability: Elective Cosmetic Procedures

Registered Nurse and Advanced Practice Nurses

Proposed Regulations: Physician Availability: Elective Cosmetic Procedures

Legislation enacted during 2011 Session

Senate Bill 100, (Price), Chapter 645 Section Affected: Adopt Section 1364.50 in Article 10, of Chapter 2, Division 13, of Title 16.

This bill amended Section 2023.5 of the Business and Professions Code to add subdivision (c), which requires the Medical Board of California (Board) to adopt regulations on the appropriate level of physician availability needed within clinics or other settings using laser or intense pulse light devices for elective cosmetic surgery. However, these regulations shall not apply to laser or intense pulse light devices approved by Federal Food and Drug Administration for over-the-counter use by health care practitioners or by unlicensed person on himself or herself.

Medical Board of California
Physician Availability: Elective Cosmetic Procedures
Specific Language of Proposed Changes

Add Section 1364.50 in Article 10, of Chapter 2, Division 13, of Title 16 of the California Code of Regulations to read as follows:
Whenever an elective cosmetic procedure involving the use of a laser or intense pulse light device is performed by a licensed health care provider acting within the scope of his or her license, a physician with relevant training and expertise shall be immediately available to the provider. For the purposes of this section, "immediately available" means contactable by electronic or telephonic means without delay, interruptible, and able to furnish appropriate assistance and direction throughout the performance of the procedure and to inform the patient of provisions for post procedure care. Such provisions shall be contained in the licensed health care provider's standardized procedures and protocols.

The status of the regulation is March 4, 2013 at Office of Administrative Law for approval.

MSC: Phillips/Niemela to accept the recommendations of the advisory statements for Registered Nursing: RNs and APRNs. 6/0/0

10.2 Review and Discuss Practice Committee Goals and Objectives 2013-2014 to Provide for continuing information on nursing practice in California.

Nursing Practice Committee Goal and Objectives 2013-2014

Goal 5 states to develop and implement processes for the Board to interact with stakeholders to identify and evaluate issues related to advanced practice nursing and to promote maximum utilization of advanced practice nursing.

- Objective 5.1 - is to support and promote full utilization of advanced practice nurses
- Objective 5.2 - is to monitor trends and growing opportunities for advanced practice nursing in areas of health promotion, prevention, and managing patients through the continuum of care.
- Objective 5.3 - actively participate with organizations and agencies focusing on advanced practice nursing.
- Objective 5.4 - in collaboration with the Education/Licensing Committee remain actively involved in facilitating communication and work in progress for education/certification function and communication with advanced practice education directors, professional organizations, state agencies and other groups.

The Practice Committee is requesting the appointment of advanced practice advisory committee.

The suggestion is that the advisory committee has a rich and diverse membership including RNs, APRNs, members who represent direct practice, health administration, education, and members from appropriate agencies and health care settings.

Suggested goals of the advisory committee to recommend to the board:

- Respond to the changing health care environment by addressing changes in rules and regulation as requested by the board.

- Respond to APRN regulations and need for updating for practice and education as requested by the board.
  Discuss scope of practice and educational issues as requested by the board.

2013/2014 GOALS AND OBJECTIVES

GOAL 1	**In support of the consumers' right to quality care, identify and evaluate issues related to registered nursing tasks being performed by unlicensed assistive personnel.**
Objective 1.1	Take an active role in activities conducted by other agencies and organizations related to unlicensed assistive personnel.
GOAL 2	**Promote patient safety as an essential and vital component of quality nursing care.**
Objective 2.1	Engage and dialogue with recognized national experts in supporting patient safety in what individuals and organizations have done and what remains to be done. For example, just culture and root cause analysis, failure mode and effect analysis, human factor and systems factor.
Objective 2.2	Monitor patient and resident safety activities as a component of quality nursing care such as health care errors, competency, patient outcomes, stakeholders, nursing shortage, ethics, lifelong learning, nursing standards, licensure, safety legislation, and magnet hospitals.
GOAL 3	**Develop and implement processes for the Board to interact with stakeholders to identify current trends and issues in nursing practice and the health care delivery system.**
Objective 3.1	Actively participate with other public and private organizations and agencies involved with health care to identify common issues and to promote RN scope of practice consistent with the Nursing Practice Act and ensuring consumer safety.
GOAL 4	**Identify and implement strategies to impact identified trends and issues.**
Objective 4.1	Provide timely written and/or verbal input on proposed regulations related to health care policies affecting nursing care.
Objective 4.2	Collaborate with the Education/Licensing Committee on educational issues/trends and the Legislative Committee on legislation pertaining to nursing practice.

Objective 4.3 Review and revise current BRN advisory statements and recommend new advisory statements as needed to clarify standards of nursing practice.

GOAL 5 **Develop and implement processes for the Board to interact with stakeholders to identify and evaluate issues related to advanced practice nursing and to promote maximum utilization of advanced practice nursing.**

Objective 5.1 Support and promote full utilization of advanced practice nurses.

Objective 5.2 Monitor trends and growing opportunities for advanced practice nursing in areas of health promotion, prevention, and managing patients through the continuum of care.

Objective 5.3 Actively participate with organizations and agencies focusing on advanced practice nursing.

Objective 5.4 In collaboration with the Education/Licensing Committee remain actively involved in facilitating communication and work in progress for education/certification function and communication with advanced practice educational program directors, professional organizations, state agencies and other groups.

No public comment.

MSC: Niemela/Dong motion to approve the Practice Committee to set up an advanced practice advisory committee. 6/0/0

11.0 Public Comment for Items Not on the Agenda

No public comment.

The meeting adjourned at 3:54 pm.

12.0 Closed Session

Disciplinary Matters
The Board will convene in **closed session** pursuant to Government Code Section 11126(c) (3) to deliberate on disciplinary matters including stipulations and proposed decisions.

Cynthia Klein, Vice President, called the closed session meeting to order at 4:03 pm. The closed session adjourned at 5:25 pm.

Thursday, April 11, 2013 – 9:00 am

13.0 Call to Order – Cynthia Klein, Vice President called the meeting to order at 9:00 am and had the members introduce themselves.

Members: Raymond Mallel, President (absent)
Cynthia Klein, RN, Vice President
Erin Niemela
Michael D. Jackson, MSN, RN
Trande Phillips, RN
Jeanette Dong
Joshua Groban

Executive Officer: Louise Bailey, M.Ed., RN

The Board welcomed students from Yuba College; Holy Names University, Oakland; Mission College, Santa Clara; and American River College.

14.0 Public Comment for Items Not on the Agenda

No public comment.

15.0 Disciplinary Matters

Reinstatements	**Termination/Modification of Probation**
Jovellea Hill – Granted Reinstatement Laura Eaton – Granted Reinstatement Leah Baker – Granted Reinstatement Mark Braden – Denied Reinstatement Mary Belin – Denied Reinstatement Michael Tanner – Denied Reinstatement	Anthony McMillan Jr. – Granted Early Termination Judy Hester – Granted Early Termination Kesete Hintsa – Granted Early Termination Peggy Murphy – Granted Early Termination

16.0 Closed Session

Disciplinary Matters
The Board convened in **closed session** pursuant to Government Code Section 11126(c)(3) to deliberate on the above matters and other disciplinary matters including stipulations and proposed decisions.

Cynthia Klein, Vice President, called the closed session meeting to order at 2:38 pm. The closed session adjourned at 4:16 pm.

Louise Bailey, M.Ed., RN
Executive Officer

Raymond Mallel
President

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
BOARD OF REGISTERED NURSING MINUTES

DRAFT

DATE:	May 9, 2013
LOCATION:	Hilton Los Angeles Airport 5711 West Century Blvd. Los Angeles, CA 90045
PRESENT:	Raymond Mallel, President Cynthia Klein, RN, Vice President Michael D. Jackson, MSN, RN Trande Phillips, RN Jeanette Dong Joshua Groban
NOT PRESENT/ABSENT:	Erin Niemela
ALSO PRESENT:	Louise Bailey, M.Ed., RN, Executive Officer Stacie Berumen, Assistant Executive Officer Don Chang, DCA Legal Counsel Rose Ramos, Administrative Assistant

3.0 Call to Order – Raymond Mallel, President called the meeting to order at 9:15 am and had the members introduce themselves.

Members: Raymond Mallel, President
Cynthia Klein, RN, Vice President
Michael D. Jackson, MSN, RN
Trande Phillips, RN
Jeanette Dong
Joshua Groban

Executive Officer: Louise Bailey, M.Ed., RN

The Board welcomed students from El Camino College and Los Angeles Valley College.

4.0 Public Comment for Items Not on the Agenda

Public comment received by Genevieve Clavreul, RN

5.0 Disciplinary Matters

Reinstatements and termination/modification of probation results are still pending.

Reinstatements	**Termination/Modification of Probation**
Alexander Gluzman	Cathy Fuller
Hilda Woo	Hilda Ramirez
Jeanne Kruger	Jorge Andrade
Juan Cazorla	Linda Camp
Mike Barker	Rene Jumonville

6.0 Closed Session

Disciplinary Matters
The Board convened in **closed session** pursuant to Government Code Section 11126(c)(3) to deliberate on the above matters and other disciplinary matters including stipulations and proposed decisions.

Raymond Mallel, President, called the first closed session meeting to order at 10:27 am to vote on first portion of petitioners and the meeting reconvened at 11:28 am.

Raymond Mallel, President, called the second closed session meeting to order at 12:55 pm to vote on the remaining petitioners. The closed session adjourned at 1:50 pm.

_____ _____

Louise Bailey, M.Ed., RN
Executive Officer

Raymond Mallel
President

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.1
DATE: June 12, 2013

ACTION REQUESTED: Ratify Minor Curriculum Revision and Acknowledge Receipt of Program Progress Report

REQUESTED BY: Michael Jackson, MSN, RN, Chairperson

BACKGROUND:
According to Board policy, Nursing Education Consultants may approve minor curriculum changes that do not significantly alter philosophy, objectives, or content. Approvals must be reported to the Education/Licensing Committee and the Board.

Minor Curriculum revisions include the following categories:

- Curriculum changes
- Work Study programs
- Preceptor programs
- Public Health Nurse (PHN) certificate programs
- Progress reports that are not related to continuing approval
- Approved Nurse Practitioner program adding a category of specialization

The following programs have submitted minor curriculum revisions that have been approved by the NECs:

- California State University, Chico, Baccalaureate Degree Nursing Program
- California State University, Fresno, Baccalaureate Degree Nursing Program
- California State University, Sacramento/California State University, Stanislaus, Collaborative Accelerated Baccalaureate Degree Nursing Program Option
- College of the Desert Associate Degree Nursing Program
- Fresno City College Associate Degree Nursing Program
- Imperial Valley College Associate Degree Nursing Program
- Mendocino College Associate Degree Nursing Program
- Mount San Antonio College Associate Degree Nursing Program
- Mt. San Jacinto College, MVC, Associate Degree Nursing Program
- Santa Monica College Associate Degree Nursing Program
- West Hills College, Lemoore, Associate Degree Nursing Program

Acknowledge Receipt of Program Progress Report:

- Humboldt State University Baccalaureate Degree Nursing Program
- California State University, Dominguez Hills, Entry Level Master's Degree Nursing Program
- College of the Siskiyous LVN to RN Associate Degree Nursing Program
- El Camino College Associate Degree Nursing Program

NEXT STEP: Notify the programs of Board action.

FISCAL IMPACT, IF ANY: None

PERSON TO CONTACT: Leslie A. Moody, RN, MSN, MAEd
Nursing Education Consultant, (760) 369-3170

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
DATE: May 8, 2013

SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	SUMMARY OF CHANGES
California State University Chico Baccalaureate Degree Nursing Program	K. Daugherty	03/28/2013	Effective Fall 2013, increase the total nursing units from 49.5 to 51 units by adding one unit to N493 making it a 2 units theory course and adding a ½ unit to N424 making it a 3 instead of 2.5 units clinical course. Total nursing theory units will increase from 30 to 31 units and total nursing clinical units will be 20 units instead of 19.5 units. CRL units will increase from 76.5 to 78 units. Other degree course, N444 will be eliminated due to variability in student learning experiences and faculty challenges finding appropriate preceptors. This change will decrease the other degree units from 43.5 to 42 units; the total units for graduation will remain 120 units. Additionally, the program will re-sequence existing 4th and 5th semester nursing courses (move N494/N495, N463 and N484 from 5th to the 4th nursing term and move N422 and N424 from 4th to 5th term to better consolidate medical/surgical, gerontology, and capstone simulation content and clinical practice in the 4th nursing term prior to the fifth semester courses (N422 and N424) that are focused on leadership, management and patient care management for a group of patients. The LVN 30 unit option will now total 30 units instead of 29.5 units with the change in N424.These changes are based on several terms of student evaluative feedback and faculty analyses.
California State University, Fresno, Baccalaureate Degree Nursing Program	K. Weinkam	02/27/2013	Effective fall 2013, SOC 3 Critical Thinking about Society (3 units) will be the course used to meet the requirement for Societal/Cultural Pattern rather than the previously approved SOC 1, 2, or ANTH 2.
California State University Sacramento/California State University Stanislaus Collaborative Accelerated Baccalaureate Degree Nursing Program Option	K. Daugherty	03/05/2013	The first cohort in this collaborative partnership offered through the contract education division of the university will complete the program in May 2013. The program has maintained excellent retention (29 of 30 CSU Sacramento students). Due to limited resources and current employment opportunities for graduates, CSU Sacramento will indefinitely suspend future enrollment in this collaborative degree option. CSU Sacramento will continue to enroll students in the traditional generic BSN degree option.
College of the Desert Associate Degree Nursing	L. Moody	04/03/2013	Transfer objectives, content and units (0.5) for Nursing 4B Management Concepts in Nursing into course Nursing 4A (4.0 units) Acute Alterations in

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
DATE: May 8, 2013

SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	SUMMARY OF CHANGES
Program			Health to combine the two courses into one 4.5 unit course with no change to content, objectives or total units. The new course name is Nursing 4-Concepts of Nursing Practice for Acute Complex Alterations in Health.
Fresno City College Associate Degree Nursing Program	K. Weinkam	04/08/13	The clinical units for RN 66 Nursing Care of the Client with Behavioral and Emotional Disorders has been increased 0.5 unit to 2 semester units. The theory units for RN 53 Nursing Care of the Older Adult have been reduced by 0.5 unit to 1.0 unit. RN 53 is taken within the same semester as two courses that offer theory and clinical related to the Older Adult. The program is participating in a subset of 11 community colleges of the Central Valley Higher Education Consortium. Fresno City College will offer a pilot program extending through summer of 2014 related to the LVN-to-RN Program. The transition courses for LVNs will be redesigned to support a successful program, and will be offered in the beginning of the third semester followed by the courses offered that semester related to the adult/older adult. This sequence will ensure that the program is completed in two semesters.
Imperial Valley College Associate Degree Nursing Program	L. Moody	03/20/2013	Psychiatric nursing courses, Nurs 224 (theory) and Nurs 225 (clinical), will be re-sequenced to the summer session occurring between the first and second years of the program cycle to facilitate clinical placement and in response to student concerns regarding the current course workload for the program's second semester. For Fall admitted cohorts, the Psych courses will follow the Spring 2nd semester of the program and for Spring admitted cohorts, the Psych courses will follow the Spring 3rd semester of the program. This change will be implemented beginning Summer 2013.
Mendocino College Associate Degree Nursing Program	J. Wackerly	03/22/2013	Nurs 52 Nursing lab course name and number change to Nurs 52A (first semester, Nurs 52B(second semester), Nurs 52C (third semester) 52D (fourth semester) and 52T (transition lab for LVN bridge). These changes in lab courses will allow increased difficulty in content as semester progress and allow students to build toward safer practice in competent and systematic format. Course objectives increase in difficulty each semester allowing students

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
DATE: May 8, 2013

SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	SUMMARY OF CHANGES
			to challenged and to develop skills they need to be safe. Add an option for psychology: Psy 210 Lifespan Development Psychology.
Mount San Antonio College Associate Degree Nursing Program	M. Minato	03/28/2013	In addition to SPCH 1 A, Public Speaking, the program will accept SPCH 2, Fundamentals of Communication, and SPCH 8, Professional Speaking, as courses fulfilling the requirement for Verbal Communication.
Mt. San Jacinto College, MVC, Associate Degree Nursing Program	S. Ward	4-5-13	The program submitted a progress report on 3/25/13 providing an update on actions taken to implement the previously submitted staffing plan. The college allocated and funded three full-time tenure track faculty positions. Candidates anticipated to fill the positions are in the final phase of recruitment. The student success counselor is converted to a 100% college funded position. Skills lab and clerical administrative support positions are funded through a combination of college and grant sources for projected enrollments in academic year 2013-2014. The next scheduled continuing approval visit is in Fall 2014.
Santa Monica College Associate Degree Nursing Program	M. Minato	03/26/2013	The program reported the course title change of Speech 5 to Communication Studies 35 (Com St 35) and will accept Com St 11, Elements of Public Speaking, or Com St 35 to meet the oral communication requirement. Accepting either communication course facilitates the graduates' transfer to the CSU system. The program also reported that the nursing faculty incorporated Quality and Safety Education for Nurses (QSEN) Pre-Licensure Nursing Competencies in the curriculum. No changes were made to course objectives. These curricular changes do not impact nursing units or total program units.
West Hills College, Lemoore Associate Degree Nursing Program	K. McHan	04/05/2013	Effective fall 2013, content required for licensure is decreased from 51.5 units to 49.5 units by eliminating Nurs13, Leadership. The unit reduction will eliminate the redundant presentation of leadership concepts in the nursing curriculum. Synthesis, analysis, and application of leadership concepts is particularly focused in simulation learning lab courses.

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
DATE: May 8, 2013

SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	PROGRESS REPORT
Humboldt State University	J Wackerly	03/22/2013	Humboldt State University BSN program was discontinued by President Richmond fall 2010. The remaining nursing students by cohort have completed the BSN program. The last cohort of nursing students graduated December 2012 and all enrolled nursing student have graduated. Marshelle Thobaben, MSN, RN Director of Nursing will complete her work in the BSN program May 2013.
California State University, Dominguez Hills Entry Level Master's Degree Nursing Program (MEPN)	M. Minato	04/08/2013	The program submitted the Final Progress Report on the Master's Entry Professional Nursing (MEPN) Program addressing the final area on faculty and resourced of pending progress on the plan previously submitted for compliance with the Board rules and regulations. The progress report focused on the resolution of areas of concerns in the MEPN program related to: Faculty/Resources, Curriculum and Faculty Responsibility/Participation, and showed hiring of faculty as per the plan submitted in the last progress report. Faculty hiring plan was for the ELM and the NP Programs. The hiring of the last tenured faculty for NP Program will complete the Program's plan that was submitted to the Board on August 2012. This final report included progress on the final phase of hiring of the FNP faculty for the CSUDH NP Program.
College of the Siskiyous LVN to RN Associate Degree Nursing Program	K. Daugherty	03/22/2013	In November 2012, the Board deferred action on the continuing approval of the program due to the lack of adequate type and number of full time faculty resources (3 full time faculty plus program director). This area of non-compliance occurred in large part due to faculty turnover, program director retirement and a significant institutional budget deficit for academic year 2012-13. These factors precluded timely hiring of the two needed full time faculty replacements. Job announcements for the two full time positions are now posted; an 8/15/13 start date is anticipated for faculty. Sustained correction/progress in addressing the other areas of non-compliance and recommendations as described in the October/December 2012 ELC/Board documents is evidenced in the March progress report including work related to needed curriculum review/refinement. The NCLEX pass rate for Jan.-Dec 2012 is 96.15 %. The final progress report will be made at the October 2, 2013 ELC meeting.

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
DATE: May 8, 2013

SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	PROGRESS REPORT
El Camino College Associate Degree Nursing Program	L. Shainian	03/06/2013	El Camino College opened a new Math Business Allied Health (MBA) Building. The Nursing Department is located on the fourth floor. There is office space, classrooms, a skills lab, and an adjacent simulation lab area. The first floor houses a computer lab, tutoring center, student lobby and study areas. A site visit was conducted at the new building on 03/06/2013.
	M. Minato	03/18/2013	Interim Visit was conducted to follow up on anonymous complaint received for ECC Compton Center. Meetings with students and faculty were conducted at both sites. Areas of concern related to faculty/administration communication, use of ATI in the curriculum, and other curriculum issues were discussed with the director and faculty. A written progress report is due May 3, 2013.

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.2
DATE: June 12, 2013

ACTION REQUESTED: Education/Licensing Committee Recommendations

REQUESTED BY: Michael Jackson, MSN, RN, Chairperson
Education/Licensing Committee

BACKGROUND:
The Education/Licensing Committee met on May 8, 2013 and makes the following recommendations:

A. Continue Approval of Prelicensure Nursing Program
- The Valley Foundation School of Nursing at San Jose State University Baccalaureate Degree Nursing Program
- College of the Desert Associate Degree Nursing Program
- Imperial Valley College Associate Degree Nursing Program

B. Defer Action to Continue Approval of Advanced Practice Nursing Program
- United States University Nurse Practitioner Program

C. Approve Major Curriculum Revision
- American University of Health Sciences Baccalaureate Degree Nursing Program
- California State University, Sacramento, Baccalaureate Degree Nursing Program
- United States University Entry Level Master's Degree Nursing Program

A summary of the above requests and actions is attached.

NEXT STEPS: Notify the programs of Board action.

FISCAL IMPACT, IF ANY: None

PERSON TO CONTACT: Leslie A. Moody, Nursing Education Consultant
(760) 369-3170

Education/Licensing Committee Recommendations
From meeting of May 8, 2013

Education/Licensing Committee Recommendations:

A. CONTINUE APPROVAL OF PRELICENSURE NURSING PROGRAM

- **The Valley Foundation School of Nursing at San Jose State University Baccalaureate Degree Nursing Program.**

Dr. Diane Stuenkel, Professor and Assistant Program Director.

Dr. Jayne Cohen, PhD, RN, WhNP-BC is the program director and chair of the nursing department **.** A regularly scheduled continuing approval visit was conducted on February 13-15, 2013 by Janette Wackerly MBA, RN, SNEC. The nursing program was found to be in compliance with the Board's rules and regulations.

The Valley Foundation School of Nursing at CSU San Jose's commitment to educational rigor, scholarship, professional role development, and student success is apparent at every level within the school of nursing. The school of nursing enjoys a culturally and ethnically diverse student body and nursing students are engaged in all aspects of the education processes. Especially important to the education processes are the nursing students being fully engaged in clinical simulation each semester and also being engaged in direct patient practice with outstanding clinical sites. The SON faculty is an exceptional group with excellence in academic and clinical backgrounds. In addition, faculty have many years of teaching experience in undergraduate nursing education.

In fall 2010 the school of nursing began their successful implementation of major curriculum changes. Those changes incorporated the California Nursing Practice Act, American Association of Colleges of Nursing Baccalaureate Essentials, Quality and Safety Education for Nurses Standards, a White paper from the California Institute of Nursing and Health Care on Redesigning Nursing Education, and input from their Community of Interest. The Curriculum Committee, content experts, and faculty worked diligently to conduct a systematic review and revision of the curriculum.

At the time of the February approval visit there was sufficient evidence the program had improved the annual NCLEX-RN pass rates considerably from 75% to over 90%.

Valley Foundation School of Nursing San Jose	2007/2008		2008/2009		2009/2010		2010/2011		2011/2012	
	Taken 164	Pass% 75.61	Taken 176	Pass% 77.84	Taken 147	Pass% 87.07	Taken 147	Pass% 91.84	Taken 156	Pass% 94.23

The Valley Foundation School of Nursing faculty members are proud of the increased NCLEX-RN pass rate of their graduates and have set a goal of achieving a 100% pass rate.

ACTION: Continue Approval of The Valley Foundation School of Nursing at San Jose State University Baccalaureate Degree Nursing Program.

- **College of the Desert Associate Degree Nursing Program.**

Mr. Wayne Boyer, Director of Nursing and Allied Health.

Mr. Wayne Boyer, Director of Nursing and Allied Health, has been the program director since July 2011. Two long-term faculty, Ms. Irene Larsen and Ms. Margaret Rose, share the assistant director role. Nursing Education Consultants Leslie A. Moody and Laura Shainian with Supervising Nursing Education Consultant Miyo Minato conducted a regularly scheduled continuing approval visit to this program on February 27-28, 2013. There were no areas of noncompliance identified. Two recommendations were

written regarding 1424(d) Resources, in regard to filling full time faculty vacancies and continuing funding for program support positions that are currently grant funded.

The nursing program was established in 1962. Currently the program admits 30 generic students each spring and fall semester. Grant funding obtained in 2010 supports the cost of providing the LVN-RN transition course which leads to additional admission of up to 20 VN-RN students each year. The nursing program receives strong support from the community which passed a bond measure that provided funding for renovation of existing classrooms and new construction of nursing education facilities, and from the college foundation that has consistently provided funding to meet essential program needs for items such as simulation instructional equipment and skills lab faculty.

This program has been challenged with turnover in the program director position (three directors in the past six years) and a decrease in full-time faculty with additional full-time faculty planning to retire in the near future. The faculty, director and dean have recognized the need for succession planning, a component of which will be professional development of faculty who may be interested in future program leadership. Efforts by the faculty have included implementation of an orientation process for new faculty that includes mentoring for the initial period has been implemented and hosting MSN student interns from area colleges to experience prelicensure nursing education in hopes of encouraging an interest in becoming faculty in the future. The need to maintain full-time faculty levels adequate to conduct, evaluate and revise the program was discussed with Dr. Joel Kinnamon, Superintendent/President and Dr. Leslie Young, Dean, who expressed recognition of the importance of this issue.

BRN Annual School Report data reflects attrition ranging from 19.3% - 31.6% across the past five years with academic reasons cited as the most frequent cause. Annual NCLEX-RN outcomes for the past ten years have been consistently well above the minimum performance threshold, ranging between 82% and 92%, but the first quarter results for the 2012-13 measurement year were lower than usual at 76% (19 passed/25 taken). Grant funding currently provides a nursing student success counselor who applies a case management approach to providing support services. Students identified this resource as significantly contributing to their success. Faculty are beginning an intensive curriculum review to identify areas that need improvement and structure a major curriculum revision proposal. Administrative/clerical support for the program is currently provided by a full-time program assistant but the position is grant funded only through 2014. This information was reviewed with Dr. Young and Dr. Kinnamon who both expressed commitment to supporting the resources required including faculty time for curriculum review, and searching for alternative funding sources to continue the success counselor, program assistant and skills lab coordinator positions if the current funds are discontinued.

The faculty group is cohesive and seasoned. Two of the faculty recently developed the College of the Desert Elderly Care and Aged Relevancy Endeavor (CODE CARE) that incorporates the ACES unfolding cases and were honored with an NLN award for this work.

When the regional clinical placement consortium processes did not meet the needs of this more remote area's clinical partners, the program joined with the two other local college prelicensure RN program directors to form a collaborative for coordinating scheduling of students' clinical rotations. This has resulted in a streamlined and effective process that ensures all three programs have adequate placements and strengthened existing positive relationships with the clinical facilities.

The quality and consistency of data collection for program evaluation had deteriorated somewhat, partially due to multiple changes in program leadership and reductions in faculty. This has been corrected during the past year with implementation of electronic survey tools and updating of processes to ensure regular data collection and analysis.

Students did not relate any significant concerns regarding the program, and generally expressed satisfaction with the quality of the curriculum, faculty and clinical experiences. First year student identified that it would be helpful to have increased focus for reference information as they sometimes found information conflicting between multiple texts. This feedback was shared with faculty.
ACTION: Continue Approval of College of the Desert Associate Degree Nursing Program.

- **Imperial Valley College Associate Degree Nursing Program.**

Ms. Justina Aguirre, Dean of Health and Sciences and previous Director of Nursing, and Dr. Susan Carreon, current Director of Nursing.
Ms. Justina Aguirre, Dean of Health and Sciences and Director of Nursing was appointed program director on 06/4/2009 following BRN approval and served in this role until 01/02/2013 when Dr. Susan Carreon was appointed to fill the program director role. Mr. Richard Fitzsimmons, RN, MSN, FNP is the assistant director of the program. The registered nursing program was established in 1971 within the WASC accredited Imperial Valley College (IVC) which is part of the California Community College system. The college is located in a rural agrarian region, in the town of Imperial, near the U.S.-Mexico border and serves a largely Hispanic population. Strong relationships exist between the college and nursing program leadership and the local and regional stakeholders, including clinical partners. The registered nursing program is one of the two most popular programs of study offered by the college and during this approval visit several persons shared stories of their multi-generational nurse family members who had graduated from this program. The popularity of the program has required the college to plan for increasing the number of science course sections offered to accommodate the large number of students wanting to take prerequisite courses in preparation for admission to the nursing program. Program enrollment targets are regularly reviewed and adjusted in consideration of input from advisory committee members particularly regarding employment opportunities, college budget and grant funding, and consideration of faculty ability to meet student needs. A large number of the program's graduates are employed by area healthcare partners. The program currently admits 24 students each semester in Fall and Spring, with total enrollment of 93 students at the time of visit.

A scheduled continuing approval visit was conducted January 29-30, 2013 by Nursing Education Consultants (NECs) Leslie Moody, Carol Mackay and Gloria Middleton. The program was found to be in compliance with BRN regulations. Recommendations were written for CCR sections 1424(b)(1) Total Program Evaluation, 1424(d) Resources, 1425.1(b) Faculty Responsibilities and 1426 Required Curriculum.

Past substandard NCLEX outcomes for the 2007-08 and 2008-09 years triggered retention of an expert consultant to assist in evaluation of the program. Faculty implemented recommended improvements including revision of the minimum pre-requisite GPA other admission selection criteria, revision of grading rubrics and application of Assessment Technologies Institute (ATI) testing as an academic performance measurement tool. NCLEX outcomes improved: 2007-08 66.07%; 2008-09 61.33%; 2009-10 88.16%; 2010-11 80.30%; 2011-12 95%. Subsequently a downward trend in retention (2007-08 95.1%; 08-09 82%; 09-10 63.3%; 10-11 69.4%) and upward trend in attrition (2007-08 4.9%; 08-09 0%; 09-10 18.3%; 10-11 20.4%) has been experienced. Additional resources have been applied to provide

individual student support and tutoring. Some of this is grant funded but the college leadership has expressed commitment to funding these services in other ways if grant funds become unavailable. The program was using data collected via multiple methodologies to track attrition/retention which resulted in difficulty assessing the issue, but the program has now revised their data collection approach and will closely monitor these indicators to identify concerns and develop solutions.

Minor curriculum revisions were implemented in 2009 and 2010 in response to evaluation data collected from students, faculty, advisory committee members and other stakeholders. Program leadership and faculty have identified the need for a comprehensive curriculum review to ensure currency of course content including contemporary standards such as QSEN competencies, ensure linkage and progression of learning across the curriculum, expand the application of simulation as an instructional tool, sustain positive program outcomes and support student success. College administrators plan to provide resources such as additional faculty time to support this activity. Additionally, program leadership and faculty are actively working with San Diego State University (SDSU) to identify and implement curriculum revision that will create a seamless articulation/transition for IVC program graduates into the SDSU RN-BSN program and also allow co-enrollment while students are still in the ADN program.

Discussion with faculty revealed a well-developed and cohesive faculty group that provides consistent and coordinated instruction across the curriculum and between theory and clinical components of courses. Faculty and students identified some concern regarding crowded space in the program's two primary classrooms. Dr. Victor Jaime, IVC Superintendent/President, and Ms. Kathy Berry, CIO-VP Academic Service, advised that work is actively underway, applying consultant resources to review space and architecture, to complete the process of redesigning the classroom spaces to remove structural obstacles and provide storage elsewhere for mobile items that can be removed. Faculty recognized the need to update their plan for orientation of new faculty and will be completing that in anticipation of new faculty soon to be hired. There are currently three full-time faculty vacancies with anticipated retirement of two to three faculty within the next few years. Dr. Jaime advised that budget considerations have delayed filling of these vacancies but that processes will now be initiated to address filling of these vacancies.

NECs met with first and second year students who expressed overall satisfaction with the program and great pride in being associated with this nursing program. Students praised their faculty for the quality of instruction and clinical experiences.

This program is found to be in overall compliance and committed to ongoing improvement that will maintain and improve upon the current program quality.
ACTION: Continue Approval of Imperial Valley College Associate Degree Nursing Program.

B. DEFER ACTION TO CONTINUE APPROVAL OF ADVANCED PRACTICE NURSING PROGRAM

- **United States University Nurse Practitioner Program.**

Ms. Blanca Cardenas, MSN, FNP, Program Director.
Blanca Cardenas, MSN, FNP, has been teaching in the USU Nurse Practitioner (FNP) program and serving as part-time coordinator since April 2011, and was appointed program director in September 2012. Ms Cardenas continues to concurrently serve as teaching faculty for nine of the fourteen program courses. The program has had multiple directors since initial approval.

The program was initially approved in February 2010 and twenty two graduates have completed the program since that time. There are currently thirty-two students enrolled in this program that prepares graduates for practice as a Family Nurse Practitioner. Students are admitted either to complete the USU Entry Level Master's Degree program or as an optional track of the USU MSN program. Thirteen of the currently enrolled students are generic MSN/FNP students and nineteen are ELM/FNP students. Graduates of the program are not currently able to take the national certification examination due to lack of required nursing body accreditation (ie CCNE) which limits their practice even with achieving BRN certification. The program cannot apply at this time for CCNE accreditation due to the status of the ELM-NP program (Warning Status per BRN since 6/2011) but plans to pursue CCNE accreditation when the status of the ELM-NP program is normalized.

A regularly scheduled continuing approval visit was conducted February 7-8, 2013 by Nursing Education Consultants Carol Mackay, Leslie Moody and Laura Shainian, and Miyo Minato, Supervising Nursing Education Consultant. Areas of noncompliance were identified related to CCR Sections 1484(c) Faculty and 1484(d) Curriculum involving multiple areas. Four recommendations were written related to CCR Section 1484(a)(2) Philosophy, 1484(b)(6) Administration, 1484(c)(2) Director and 1484(d)(11) Clinical Placement.

At the time of the visit, there were only two faculty members teaching the program courses, with no faculty retained who possessed specific expertise and qualifications to teach the pediatrics and women's health content. Ms. Cardenas teaches nine of the fourteen program courses, reviews all course syllabi for content and currency, and makes all arrangements for student clinical placements in addition to being the full-time program director. She is a very experienced nurse practitioner, but has been in the role of program director for a short time and has not received expert mentorship to this role. The scope of Ms. Cardenas' work is too broad, and there are inadequate faculty numbers to effectively deliver and review the curriculum. Deficiencies are identified in the curriculum design and delivery (ie philosophy, faculty collaboration for curriculum development, course syllabi, sequencing of content such as standardized procedures), program activity documentation (ie student clinical logs, preceptor records, student clinical clearance), and program evaluation which will require additional resources to adequately correct. Program students are preceptored only by physicians, which does not provide adequate opportunity for them to learn the nurse practitioner role.

This fairly new program has the strong commitment to improvement by the current director and the university leadership. Physician clinical preceptors and clinical sites provide strong learning experiences for the students. BRN staff recommendation is to defer continuing approval for this program to allow time for correction of the areas of noncompliance and recommendation.

ACTION: Defer approval of United States University Nurse Practitioner Program. Nursing Education Consultant will perform a follow-up visit to the program with a visit report and a program progress report to be presented at the October Education/Licensing Committee meeting.

C. APPROVE MAJOR CURRICULUM REVISION

- **American University of Health Sciences Baccalaureate Degree Nursing Program.**

Dr. Anita Bralock, Dean of SON, Dr. Kynna Wright, Chief Academic Officer/Provost, and Dr. Joyce Neuman Giger, President,

Dr. Anita Bralock, PhD, RN, CNM, is Dean of SON and has been in this position since July 31, 2011. The program submitted a major curriculum revision proposal to be implemented Fall 2013. The curriculum revision is being made to strengthen their medical-surgical (MS) nursing content. The proposed change increases MS theory and clinical courses from two to three quarters, increasing clinical units in the current MS by one unit from four to five units, and adding a new, third Advanced MS course

(10 units: theory 5 units; clinical units 5 units). The total MS content has been reviewed, redistributed, and re-sequenced in the three courses, increasing in complexity.

Additionally, this change offers a MS course in the 11th quarter providing students with the needed clinical direct care experience allowing students to practice the entry level RN roles in a preceptorship just prior to completion of the program. By adding this third Medical-Surgical course, the program believes that the students will be better prepared for the new RN-NCLEX and to practice in the rigorous work environment. This change augments clinical hours from 240 hours to 450 hours during the three courses. The addition of hours increases the amount of direct patient care that the students give in an acute care setting. The added units to the prelicensure content were shifted from the Case Management course, a degree requirement. The content for case management is given broad attention through its threading across a wider array of courses.

The BRN curriculum forms, EDP-P-06 and EDP-P-05 (Attachments 4 and 5), meet BRN requirements. Units are quarter units. There are no changes to Communication and Science Units. Nursing Units increased from Total Units from 77 to 89 units: Theory Units increased from 45 to 50 units; Clinical Units increased from 32 to 39 units. The Program's Content Required for licensure is 144 units, an increase of 12 units. Degree requirements were decreased by 12 units, 57 to 45 units.
ACTION: Approve Major Curriculum Revision for American University of Health Sciences Baccalaureate Degree Nursing Program.

- **California State University, Sacramento, Baccalaureate Degree Nursing Program.**

Dr.Carolynn Goetze, Chair-CSUS School of Nursing and Dr. Tanya Altmann, Associate Director SON.
Dr.Carolynn Goetze is Chair of the CSUS School of Nursing and has been the program director since August 2010. The generic BSN degree program has an annual enrollment of 300 plus students with annual retention rates of 97% the last several years. The January-December 2012 NCLEX-RN pass rate is 98.43%. CSU Sacramento is accredited by CCNE through 2019.

The proposed major curriculum change is designed to address CSU Chancellor's Office Executive Order 1084 requiring 120 semester units for baccalaureate degree requirements. The program will continue to be sequenced as eight 16 units per term semesters with the last four of the eight terms in the nursing major. Proposed revisions effective Fall 2013:
• Total degree units reduced from a range of 125-133 to a range of 120-128 units. Please see the bottom of the first page of the CRL forms for details related to the unit range.
• Total CRL course units reduced from 83 to 76 units by reducing the total nursing units from 48 to 41 units.
• Nursing theory units decreased from 25 to 18 units by combining previous stand-alone courses N15, 16, and 18 into a single nursing course, re-numbered and re-titled, as N113, Professional Communication, Assessment and Skills and counting newly numbered N111, Professional Nursing as other degree units instead of CRL units.
• Total nursing clinical units remain the same at 23 units.
• Former N12 re-numbered as N112 without any unit or title changes; The former stand-alone courses, N117 Gero and N14 Pharm, eliminated and content absorbed into the newly re-numbered courses N112 and N113.
• N136 and 139 courses re-titled Nursing Laboratory for the Childbearing Family with no change in content or units.

• Other degree requirements change from a range of 42-50 units to 44-52 units by increasing the GE required from 26 to 27 units, combining the previous 6 units of the two former N150 Research and N169 Reasoning Development courses into a new 3 units single course, N120. Additionally, the newly re-numbered N111, Professional Nursing course, will now be counted as an "other degree course" requirement.
• For the LVN 30 unit option, the Theoretical Foundations of Leadership course will be re-numbered as N133 with no other changes.

ACTION: Approve Major Curriculum Revision for California State University, Sacramento, Baccalaureate Degree Nursing Program.

- **United States University Entry Level Master's Degree Nursing Program.**

Ms. Pilar DeLaCruz-Reyes, past Program Director and Ms. Deborah Erick, new Program Director.
The USU ELM program was originally designed so that students would spend the first 18 months of program completing prelicensure coursework, achieve Registered Nurse licensure and then continue for the next 24 months to complete MSN/ Family Nurse Practitioner coursework. Terminal program outcomes were RN licensure, MSN degree and FNP certification eligibility. Since program opening admissions have totaled 178, of which 22 have completed the entire program including the MSN/FNP portion and another 10 have returned to the university to complete their MSN in a different track (education or nursing administration). The majority (146/178) of the students exited following completion of prelicensure coursework and achieving RN licensure. Students most often cite the financial need for gainful employment and the desire to launch their nursing career as reasons for early exit from the program. Findings of noncompliance resulting from the 2011 continuing approval visit included the program's failure to deliver the program as approved related to the high rate of early exit experienced. Program leadership attempted multiple measures to ensure students fully completed the entire ELM program, but a large number of students felt this was either not possible or desirable and ultimately the program could not force students to continue in the program. The university currently confers a Baccalaureate of Science Degree in Nursing upon students who have completed the prelicensure courses (including community health) and have achieved RN licensure.

USU is requesting approval to add an Accelerated Baccalaureate of Science in Nursing (ABSN) option to the existing ELM program. The Community Health Nursing course currently contains required PHN didactic content, and will be revised to add an additional one unit (45 hours) to the current one unit (45 hours) of clinical so that the course will fully meet BRN requirements for Public Health Nurse certification. This revision would be effective for ELM option students as well. All other prerequisite and prelicensure nursing coursework as currently exists for the ELM program would be the same for the ABSN option. Students enrolled in the program can select whether they are working toward BSN or MSN/FNP as their terminal program goal.

ACTION: Approve Major Curriculum Revision for United States University Entry Level Master's Degree Nursing Program.

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.3
DATE: June 12, 2013

ACTION REQUESTED: United States University (USU) Entry Level Master's (ELM) Degree Nursing Program Progress Report

REQUESTED BY: Michael Jackson, MSN, RN, Chairperson
Education/Licensing Committee

BACKGROUND:
Pilar De La Cruz Reyes, MSN, RN, Dean, School of Nursing is the past USU ELM program director and Debora Erick, MSN, RN, is the new Dean, School of Nursing and program director effective May 6, 2013.

USU submitted a required progress report to address NCLEX- RN outcomes for the final program cohort which completed prelicensure coursework in fall 2012. NCLEX performance was the last remaining unresolved area of program noncompliance from the 11/30-12/1/2011 continuing approval visit findings. The BRN licensing examination pass rate standard requires nursing programs to maintain a minimum pass rate of seventy-five percent for first time licensing examination candidates (CCR 1431). Annual prelicensure nursing program NCLEX-RN outcomes for the USU ELM program to date per official BRN reports are:

United States University	JUL-SEP		OCT-DEC		JAN-MAR		APR-JUN		**ANNUAL RATE**		
	TAKEN	PASSED	TAKEN	PASSED	TAKEN	PASSED	TAKEN	PASSED	TAKEN	PASSED	PERCENT
2009-2010	0	0	0	0	7	5	1	0	8	5	62.5%
2010-2011	1	0	1	1	2	1	24	18	28	20	71.43%
2011-2012	2	1	25	19	7	2	24	18	58	40	68.97%
2012-2013	18	9	36	25	19	8	-	-	73	42	57.53%

NCLEX-RN pass data for the Cohort 7 students (completed October 2012): 17 of the18 students have taken the exam and 9 of 17 passed, resulting in a cohort pass rate of 53% with one student remaining who has not taken the exam.

The program has previously reported many measures implemented to improve NCLEX outcomes which have included faculty development, expanded use of simulation, use of NCLEX exam style for course exam questions and incentives to encourage students to take NCLEX within 90 days of prelicensure course completion. Additional measures to be implemented for the new cohort (20 students admitted May 2013) include selection of a new vendor for course content support and NCLEX prep materials, regular content review sessions beginning early in the program, and increased student tutoring services.

In response to the identified need for expert review and strengthening of the curriculum, the program has retained Dr. Colette York, a curriculum consultant, to conduct an in-depth review of the entire ELM program curriculum. She will provide recommendations for revision as well as guide the faculty in their curriculum review activities. It is anticipated that Dr. York's review and recommendations will be completed by the end of June 2013, and the program will subsequently submit recommended revisions for BRN review and approval.

The program additionally provided information regarding faculty and clinical placement resources for delivery of the program to the new cohort of twenty students who were admitted in May 2013 as approved by the Board at the February 2013 meeting. This information has been reviewed and found to reflect adequate resources in compliance with BRN regulations.

NCLEX-RN outcomes for graduates of this program have continued to decline and remain far below the minimum required performance threshold. The Education/Licensing Committee recommends the following action:

- Continue program on Warning Status With Intent to Withdraw Approval.
- Continue ban on additional prelicensure program admissions.
- The program is required to submit a progress report that provides substantial evidence to support a prediction of NCLEX success for students of the newly admitted Cohort 8, for presentation at the October Education/Licensing Committee meeting.

NEXT STEPS: Place on Board agenda.

FISCAL IMPACT, IF ANY: None

PERSON TO CONTACT: Leslie A. Moody, RN, MSN, MAEd
Nursing Education Consultant
(760) 369-3170

TO: Board of Registered Nursing
Education Committee of the Board of Registered Nursing

FR: Pilar De La Cruz Reyes, MSN, RN
Dean, School of Nursing

RE: United States University Entry Level Master's Degree Nursing Program – Progress Report
Cohort 7 - NCLEX results
Cohort 8 – Adequacy of Resources

Cohort 7 - NCLEX results:

Below is the status of the NCLEX results for Cohort 7 as of 4/4/13:

# of Students	Passed NCLEX	# Not yet taken NCLEX	# Who Failed	Passed on 2nd try
18	8	6	4*	1*

Actions Taken to Improve NCLEX Pass Rate:

1. Expert Curriculum Review/Revision: United States University has established a contract with Dr. Colette York to serve as the curriculum expert for the ELM nursing program. Dr. York has extensive knowledge and expertise in curriculum development. She will review the entire ELM curriculum, and provide guidance and recommendations for any changes/improvements/ modifications. Her work will be completed by the middle of June, 2013. The first meeting with Dr. York took place on Wednesday, April 3rd and she has begun the work of intensively reviewing the curriculum.
2. Based on student and faculty input, the program will change from the ATI to Kaplan materials for course content support and NCLEX preparation beginning with Cohort 8. Initial faculty training on the Kaplan product was completed on 4/4/13 to help the faculty understand how to use the product, provide guidance for the students, develop test questions based on the program content, help students learn how to think thru a question, etc. The Kaplan program will be integrated into the entire ELM curriculum. Students will participate in a 4 day Kaplan review upon completion of the pre-licensure portion of the program.
3. Three part-time student tutors will be retained by the University to help students in need, offer suggestions on how to study, formation of study groups and how to find support.

4. Monthly NCLEX review sessions will be held beginning with the 5th month of the program to help students who are having difficulty understanding the material.
5. Computerized test taking will be implemented for all course mid-term and final exams to increase student comfort and confidence in the computerized testing model.

Cohort 8 – Adequacy of Resources for New Cohort:

United States University (USU) is grateful to be able to admit a new cohort (Cohort8) into the Entry Level Master's Program. Students have been interviewed and the selection process is taking place. The admission date for this new cohort of 20 students is Monday, May 6, 2013.

Clinical Placements
Working through the San Diego Nursing Education Consortium, we have requested placement for 20 students at the various clinical facilities for all the clinical rotations. . The deadline for the clinical agencies to submit their approval is May 17, 2013. The Consortium's clinical placement calendar runs from July 1, 2013 – June 30, 2014. We have submitted those requests and are anticipating approval of our requests by May 17, 2013. We will need to submit the clinical requests for Cohort 8 for the months of July – November, 2014 in February, 2014 when the Consortium allows schools to submit placement requests.

Letters of commitment for clinical placement have been obtained from five clinical agencies where USU plans to place nursing students for clinical rotations. The letters are from Paradise Valley Hospital, Patton State Hospital, Sharp Chula Vista Medical Center, Sharp Mesa Vista, and Naval Medical Center, Balboa, and collectively provide adequate clinical placements to fulfill clinical learning objectives in all five content areas for the cohort of 20 students.

Faculty
United States University currently has the following BRN approved faculty:
1 Assistant Dean
2 full-time faculty members
18 adjunct faculty
The University is recruiting for an additional full-time faculty member, preferably for Med/Surg/Geri.

The profile of faculty is as follows:

Content Area	M/S/Geri	OB	Children	Psych
Names	Lisa De La Cruz Chun Chow Bernadette Keller Bernadette Oca Michael Raguine	Gabi Aliyev Anna Ditona Dana Fang Arlene Gibson Emeline Yabut	Sandra Connelly Deborah Martinez Alberta Acheampong Tammy Wright	Monica Munn Nancy Earl Ernestina Martin Jennifer Knisely Remy Munda Erlinda Ortin

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.4
DATE: June 12, 2013

ACTION REQUESTED: 2011-2012 Post Licensure Program Annual Report

REQUESTED BY: Michael Jackson, MSN, RN, Chairperson
Education/Licensing Committee

BACKGROUND:
In 2004-2005, as part of the pre-licensure nursing program survey, the BRN also invited programs to provide data on their post-licensure programs. The 2011-2012 Post-Licensure Nursing Program Report presents analysis of the current year data in comparison with data from previous years of the survey.

Since post-licensure nursing programs offer a wide range of degrees, this report is presented in program sections, including RN to BSN Programs, Master's Degree Programs and Doctoral Programs. Data items addressed in each program section include the number of nursing programs, enrollments, graduations, and student census data. Faculty census data is included in a separate section as it is collected by school, not by degree program.

NEXT STEPS: Place on Board website

FISCAL IMPACT, IF ANY: None.

PERSON TO CONTACT: Julie Campbell-Warnock
Research Program Specialist
(916) 574-7681

California Board of Registered Nursing

2011-2012 Annual School Report

Data Summary and Historical Trend Analysis

A Presentation of Post-Licensure Nursing Education Programs in California

May 29, 2013

Prepared by:
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PREFACE

Nursing Education Survey Background

Development of the 2011-2012 Board of Registered Nursing (BRN) School Survey was the work of the Board's Education Issues Workgroup, which consists of nursing education stakeholders from across California. A list of workgroup members is included in the Appendices. The University of California, San Francisco was commissioned by the BRN to develop the online survey instrument, administer the survey, and report data collected from the survey. Pre-licensure nursing education programs that also offer post-licensure programs were invited to provide data on their post-licensure programs for the first time in 2004-2005. Revisions to the post-licensure sections of the survey may prevent comparability of some data.

Funding for this project was provided by the California Board of Registered Nursing.

Organization of Report

The survey collects data about nursing programs and their students and faculty from August 1 through July 31. Annual data presented in this report represent August 1, 2011 through July 31, 2012. Demographic information and census data were requested for October 15, 2012.

Data from pre- and post-licensure nursing education programs are presented in separate reports and will be available on the BRN website. Data are presented in aggregate form and describe overall trends in the areas and over the times specified and, therefore, may not be applicable to individual nursing education programs.

Statistics for enrollments and completions represent two separate student populations. Therefore, it is not possible to directly compare enrollment and completion data.

Value of the Survey

This survey has been developed to support nursing, nursing education and workforce planning in California. The Board of Registered Nursing believes that the results of this survey will provide data-driven evidence to influence policy at the local, state, federal and institutional levels.

The BRN extends appreciation to the Education Issues Workgroup and all survey respondents. Your participation has been vital to the success of this project.

Survey Participation

Pre-licensure nursing education programs that also offer post-licensure programs were invited to provide data on their post-licensure programs for the first time in 2004-2005. In 2011-2012, 33 RN to BSN programs, 36 Master's degree programs, and ten doctoral programs responded to the survey. A list of survey respondents is provided in Appendix A.

Since 2004-2005, the number of post-licensure programs in California grew by 26.9% (n=7) for RN to BSN programs, 50.0% (n=12) for Master's degree programs, and 100.0% (n=5) for doctoral programs.

Number of Post-Licensure Programs

	Academic Year							
Program Type	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
RN to BSN Program	26	27	31	32	32	31**	34	33
Master's Degree Program	24	27	30	29*	29	31	36	36
Doctoral Program	5	5	6	7	7	7	9	10
Number of Schools	32	33	41	37	39	39	43	45

Since some nursing schools admit students in more than one program, the number of nursing programs is greater than the number of nursing schools.
*Although there were 29 master's degree programs in 2007-2008, only 28 programs reported data that year.
**One of the RN to BSN programs had been counted twice when the 2009-2010 report was published. The data have been corrected in this report.

DATA SUMMARY AND HISTORICAL TREND ANALYSIS

This analysis presents data from post-licensure nursing programs that responded to the 2011-2012 BRN School Survey in comparison with data from previous years of the survey. Since post-licensure programs offer a range of degrees, this report is presented in three sections: RN to BSN programs, Master's degree programs, and doctoral programs. Data presented include the number of nursing programs, enrollments, completions, and student and faculty census data. Faculty census data are presented separately since they are collected by school, not by program type.

RN to BSN Programs

Between 2004-2005 and 2011-2012, the number of RN to BSN programs increased by 26.9% (n=7). The share of RN to BSN programs offered at private schools had been increasing over the past three years, to its high of 44.1% (n=15) of programs in 2010-2011. In 2011-2012, the share of RN to BSN programs offered at private schools declined slightly, to 42.4% (n=14).

Number of RN to BSN Programs

	Academic Year							
	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
# Programs	**26**	**27**	**31**	**32**	**32**	**31**	**34**	**33**
Public Programs	65.4%	63.0%	61.3%	59.4%	59.4%	58.1%	55.9%	57.6%
Private Programs	34.6%	37.0%	38.7%	40.6%	40.6%	41.9%	44.1%	42.4%

Program Information

Most RN to BSN programs use distance learning and flexible course scheduling as a method of increasing RN access to the program. Some programs offer courses in work settings (41.9%) and use partial funding of classes by work settings (35.5%). While flexible course scheduling remains a common method that programs use to increase RN access to the program, the share of programs using flexible course scheduling declined to one of its lowest level in seven years (67.7%). In 2011-2012, offering courses via distance education increased to its highest level (71.0%) in eight years.

Approaches to Increase RN Access to the Program

	Academic Year							
	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12
Approaches	% of Programs	% of Programs	% of Programs	% of Programs	% of Programs	% of Programs	% of Programs	% of Programs
Teleconferencing, online, and other distance education modes	46.2%	51.9%	58.1%	68.0%	66.7%	57.7%	56.7%	71.0%
Flexibility in course scheduling (block schedules, evening/weekend courses)	61.5%	63.0%	64.5%	72.1%	74.1%	80.7%	63.3%	67.7%
Courses provided in work settings	30.8%	37.0%	29.0%	40.1%	33.3%	38.5%	33.3%	41.9%
Partial funding of classes by work setting	30.8%	44.4%	41.9%	32.0%	33.3%	46.2%	56.7%	35.5%
Number of programs	26	27	31	25	27	26	30	31

Most RN to BSN programs have direct articulation of ADN coursework (71.0%). Almost half (45.2%) of the programs have a specific program advisor or use partnerships with ADN programs or similar collaborative agreements to award credit for prior education and experience to their students. A limited number of programs use specific upper division courses, portfolios to document competencies, or testing to award credit to ADN-prepared nurses entering the program.

Mechanisms to Award Credit for Prior Education and Experience

	Academic Year							
	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12
Approaches	% of Programs	% of Programs	% of Programs	% of Programs	% of Programs	% of Programs	% of Programs	% of Programs
Direct articulation of ADN coursework	73.1%	55.6%	73.3%	64.0%	70.0%	71.4%	64.5%	71.0%
Specific program advisor	46.2%	59.3%	36.7%	52.0%	60.0%	53.6%	51.6%	45.2%
Partnerships with ADN programs or similar collaborations	7.7%	18.5%	10.0%	16.0%	23.3%	28.6%	45.2%	45.2%
Tests to award credit*	23.1%	40.7%	36.7%	36.0%	20.0%	17.9%	22.6%	22.6%
Specific upper division courses	11.5%	37.0%	26.7%	16.0%	30.0%	28.6%	19.4%	12.9%
Portfolios to document competencies	15.4%	18.5%	13.3%	24.0%	16.7%	14.3%	19.4%	16.1%
Number of programs	26	27	31	25	30	28	31	31

*NLN achievement tests or challenge exams

New Student Enrollments

Admission spaces available for new student enrollments in RN to BSN programs more than doubled in the last eight years, from 1,006 spaces in 2004-2005 to 2,978 in 2011-2012. These spaces were filled with a total of 1,998 students. Since an online RN to BSN program accepts all qualified applicants, the number of new students enrolling in these programs can vary dramatically depending on interest in the program rather than on program resources. In 2010-2011, 385 students enrolled in this program, while 507 enrolled in 2011-2012.

Admission Spaces and New Student Enrollment in RN to BSN Programs

	Academic Year							
	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
Admission Spaces Available*	1,006	1,851	2,296	1,998	2,286	2,346	2,287	2,978
New Student Enrollments	681	1,665	1,438	1,754	1,985	2,101	1,913	1,998
% Spaces Filled	67.7%	90.0%	62.6%	87.8%	86.8%	89.6%	83.6%	67.1%

*If admission spaces were not provided in the data, the number of new enrollments was used as the number of available admission spaces.

New student enrollment in both private and public RN to BSN programs has increased since 2004-2005. Private programs had a ten-fold increase in their new enrollments from 2004-2005 until 2009-2010 and have seen slight declines in enrollment since then. Public programs saw more modest increases in enrollment between 2004-2005 and 2007-2008, followed by a period of enrollment decline until 2001-2012, when enrollment increased to its highest level in eight years (n=1,083).

New Student Enrollment

	Academic Year							
	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
New Student Enrollments	**681**	**1,665**	**1,438**	**1,754**	**1,985**	**2,101**	**1,913**	**1,998**
Public Programs	572	732	687	978	867	788	788	1,083
Private Programs	109	933	751	776	1,118	1,313	1,125	915

The number of qualified applications received by RN to BSN programs has declined since its high of 3,041 in 2005-2006. With fewer qualified applications, programs have accepted greater shares of these applications in more recent years. For the first time in the last eight years, RN to BSN programs accepted all qualified applications for admission.

Applications* for Admission to RN to BSN Programs

	Academic Year							
	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
Qualified Applications	**978**	**3,041**	**2,341**	**2,769**	**2,364**	**2,651**	**2,424**	**1,998**
Accepted	681	1,665	1,438	1,754	1,985	2,101	1,913	1,998
Not Accepted	297	1,376	903	1,015	379	550	511	0
% Qualified Applications *Not* Accepted	30.4%	45.2%	38.6%	36.7%	16.0%	20.7%	21.1%	0%

*Since these data represent applications rather than individuals, the increase in qualified applications may not represent an equal growth in the number of individuals applying to nursing school.

Student Completions

The number of students that completed an RN to BSN program in California more than tripled in the past eight years, from 439 in 2004-2005 to 1,600 in 2011-2012. Even though there has been dramatic growth in the number of graduates in both public and private programs over this time period, public programs have graduated a larger share of RN to BSN students than private programs over the past two years.

Student Completions

	Academic Year							
	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
Completions	**439**	**973**	**1,044**	**1,006**	**1,439**	**1,374**	**1,268**	**1,600**
Public Programs	350	428	502	548	608	613	696	850
Private Programs	89	545	542	458	831	761	572	750

Student Census Data

The total number of students enrolled in RN to BSN programs more than doubled from 1,243 on October 15, 2005 to 3,405 seven years later. For the first time since 2009, both public and private programs had an increase in their student census over the previous year. The student census in 2012 (n=3,405) is now slightly less than its eight-year high of 3,482 students in 2009.

Student Census

	Academic Year							
	2005	2006	2007	2008	2009	2010	2011	2012
Student Census	**1,243**	**3,194**	**3,136**	**2,954**	**3,482**	**3,247**	**3,099**	**3,405**
Public Programs	1,046	1,915	2,068	2,033	2,055	1,873	2,086	2,182
Private Programs	197	1,279	1,068	921	1,427	1,374	1,013	1,223

*Data not collected in the given year.

Summary

RN to BSN programs enrolled and graduated significantly more students in 2011-2012 than in 2004-2005. For the first time in eight years, RN to BSN programs accepted and enrolled all qualified applicants to their programs. Since one of the programs is exclusively online and accepts all qualified applicants to the program, the number of qualified applications, new student enrollments and student census are variable and highly dependent on interest in the RN to BSN program.

Master's Degree Programs

Master's degree programs offer post-licensure nursing education in functional areas such as nursing education and administration, as well as advanced practice nursing areas (i.e. nurse practitioner, clinical nurse specialist, nurse midwife, nurse anesthetist, and school nurse).

In 2011-2012, 36 schools offered a Master's degree program including at least one of the aforementioned components. Of the schools that offer a Master's degree program, 52.8% are public programs.

Number of Master's Degree Programs

	Academic Year							
	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
# Programs	**24**	**27**	**30**	**28***	**29**	**31**	**36**	**36**
Public Programs	58.3%	55.6%	56.7%	57.1%	55.2%	58.1%	52.8%	52.8%
Private Programs	41.7%	44.4%	43.3%	42.9%	44.8%	41.9%	47.2%	47.2%

*Although there were 29 Master's degree programs in 2007-08, only 28 programs reported data that year.

New Student Enrollments

Admission spaces available for new student enrollments in Master's degree programs have doubled in the last eight years, from 1,452 in 2004-2005 to 2,938 in 2011-2012. These spaces were filled with a total of 2,200 students. Admission spaces available in these programs increased to their highest in eight years (n=2,938). While new student enrollment has grown considerably since 2004-2005, the last three years have shown a slight decline in new students entering these programs.

Admission Spaces and New Student Enrollment in Master's Degree Programs

	Academic Year							
	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
Admission Spaces Available*	1,452	1,700	1,977	2,136	2,491	2,671	2,474	2,938
New Student Enrollments	1,169	1,510	1,722	1,956	2,147	2,464	2,454	2,200
% Spaces Filled	80.5%	88.8%	87.1%	91.6%	86.2%	92.3%	99.2%	74.9%

*If admission spaces were not provided in the data, the number of new enrollments was used as the number of available admission spaces.

In the past eight years, private Master's degree programs have seen the most growth in new students enrolling in their programs. While new student enrollment in public programs declined over the last year, new enrollment in private programs increased slightly. In 2011-2012, almost half of new students (49.2%, n=1,083) enrolled in public programs.

New Student Enrollment

	Academic Year							
	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
New Student Enrollments	**1,169**	**1,510**	**1,722**	**1,956**	**2,147**	**2,464**	**2,454**	**2,200**
Public Programs	901	853	1,028	1,196	1,221	1,204	1,353	1,083
Private Programs	268	657	694	760	926	1,260	1,101	1,117

Applications to these programs increased over last year, but programs continue to receive more applications than can be accommodated. In 2011-2012, 31.5% (n=1,014) of applications were not accepted for admission, indicating that a greater share of applications were denied admission this year in comparison to the previous year (18.2%).

Applications* for Admission to Master's Degree Programs

	Academic Year							
	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
Qualified Applications	**2,338**	**2,954**	**2,696**	**2,175**	**2,760**	**3,723**	**3,001**	**3,214**
Accepted	1,169	1,510	1,722	1,956	2,147	2,464	2,454	2,200
Not Accepted	1,169	1,444	974	219	613	1,259	547	1,014
% Qualified Applications *Not* Accepted	50.0%	48.9%	36.1%	10.1%	22.2%	33.8%	18.2%	31.5%

*Since these data represent applications rather than individuals, the increase in qualified applications may not represent an equal growth in the number of individuals applying to nursing school.

Student Completions

The number of students that completed a Master's degree program in California has more than doubled in the last eight years. More students completed programs in 2011-2012 (n=1,891) than in any other year since 2004-2005. While both public and private programs graduated more students this year than they did in 2004-2005, private programs had more dramatic growth during this time.

Student Completions

	Academic Year							
	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
Completions	**877**	**1,092**	**1,239**	**1,296**	**1,538**	**1,591**	**1,564**	**1,891**
Public Programs	740	703	849	844	892	904	952	1,034
Private Programs	137	389	390	452	646	687	612	857

Nurse practitioners represent the largest share of graduates from Master's degree programs in each of the last six years. The Clinical Nurse Leader specialty area had a two-fold increase in the number of graduates over the last year, from 95 graduates in 2010-2011 to 196 in 2011-2012. Nursing Administration, Clinical Nurse Specialist, Nurse Practitioner, Case Management and Ambulatory Care specialty areas showed more modest increases in the number of graduates over the last year. Nursing Education and Certified Nurse Midwife have seen declines in the number of graduates in the last year, while the number of graduates from other specialties has remained about the same since 2010-2011.

Student Completions by Program Track or Specialty Area*

	Academic Year					
Program Track/Specialty Area	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
Nursing Education	151	183	233	232	211	163
Nursing Administration	205	126	154	163	210	220
Clinical Nurse Specialist	128	179	213	189	125	167
Nurse Practitioner	597	567	622	624	713	845
Certified Nurse Midwife	21	26	15	27	30	22
Certified Nurse Anesthetist	59	54	71	76	72	71
School Nurse	3	10	10	47	24	26
Clinical Nurse Leader			67	55	95	196
Case Management			11	33	36	42
Community Health/Public Health			2	19	10	10
Ambulatory Care			19	19	26	41
Nurse Generalist			139	53	25	22
Health Policy						50
Nursing Science and Leadership						48
Other specialty	75	153	42	97	11	16
Total Student Completions	1,239	1,298	1,538[1]	1,591[1]	1,564[1]	1,891

Blank cells indicate that the information was not requested in the given year.
*These data were not collected prior to 2006-2007.
1- Students who double-majored were counted in each specialty area for the first time in 2008-09. Therefore, the sum of completions by specialty area may be greater than the total completions, which represent individual students that completed a MSN program in the given year.

Family nursing continues to be the most common specialty area for nurse practitioners (NPs). In 2011-2012, more than half (67.2%) of NPs graduated with a specialty in family nursing. Other common specialty areas in 2011-2012 include adult care (7.1%), acute care (6.2%) and pediatrics (6.2%). The share of NPs graduating in family nursing is at its highest level in six years and had a sizeable increase in its share of all NP graduates over the last year. Women's health saw a modest increase in its share of graduates in the last year, while all other specialty areas had decreased representation among NP graduates.

Student Completions by Nurse Practitioner Specialty*

	Academic Year					
	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
Nurse Practitioners	**597**	**567**	**622**	**624**	**713**	**845**
Acute care	7.2%	8.8%	9.0%	12.0%	10.4%	6.2%
Adult	6.5%	14.8%	4.7%	8.3%	14.3%	7.1%
Family	58.3%	53.1%	62.5%	58.0%	53.0%	67.2%
Gerontology	3.5%	3.0%	2.9%	2.7%	2.4%	1.7%
Neonatal	0.2%	1.2%	0.8%	1.1%	1.4%	1.2%
Occupational health	1.0%	0.7%	1.3%	1.9%	1.4%	0.6%
Pediatric	7.5%	6.2%	8.5%	9.1%	8.4%	6.2%
Psychiatric/mental health	2.8%	1.9%	1.6%	3.2%	5.9%	4.6%
Women's health	8.4%	7.4%	5.0%	1.9%	2.4%	3.0%
Other	4.5%	2.8%	3.7%	1.8%	0.4%	2.4%

*These data were not collected prior to 2006-07.

Student Census Data

The total number of students enrolled in Master's degree programs almost doubled in the past eight years. After a decline in enrollment in between 2010 and 2011, enrollment in these programs increased to 4,619 students in 2012. While private programs have had dramatic increases in total student enrollment in since 2005, in the last four years, these programs have also had more fluctuation in their year-to-year enrollment than public programs.

Student Census

	Academic Year							
	2005	2006	2007	2008	2009	2010	2011	2012
Student Census	**2,375**	**3,624**	**3,989**	**3,823**	**4,358**	**4,706**	**4,557**	**4,619**
Public Programs	1,838	2,418	2,601	2,643	2,775	2,613	2,722	2,557
Private Programs	537	1,206	1,388	1,180	1,583	2,093	1,835	2,062

Summary

Master's programs continue to receive more qualified applications than can be accommodated. Over the last year, these programs saw an increase in qualified applications and space available for those applications, but a decrease in new student enrollments. More students graduated from these programs in 2011-2012 (n=1,891) than in any of the last eight years. While Nurse Practitioners (NPs) continue to be the most common specialty for students completing a Master's

degree, Clinical Nurse Leaders have seen an almost three-fold increase in graduates in the last four years. In 2011-2012, more than half (67.2%) of graduating NPs specialized in family nursing. Over the last eight years, public programs have had more students enrolled in and completing their Master's programs than private programs. In the last year, public programs had an increase in the number of graduates from their programs but saw declines in the numbers of new students and total student enrollment, while private programs saw increases in all these measures over the last year.

Doctoral Programs

Limited data were requested from doctoral programs in 2004-2005. Therefore, some of the data presented do not include data from that year of the survey.

The number of doctoral nursing programs in California has doubled since 2004-2005. In 2011-2012, there were ten nursing doctoral programs in California. Of these programs, 60.0% (n=6) were offered at private schools.

Number of Doctoral Programs

	Academic Year							
	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
# Programs	**5**	**5**	**6**	**7**	**7**	**7**	**9**	**10**
Public Programs	40.0%	40.0%	33.3%	28.6%	28.6%	28.6%	33.3%	40.0%
Private Programs	60.0%	60.0%	66.7%	71.4%	71.4%	71.4%	66.7%	60.0%

New Student Enrollments

Admission spaces available for new student enrollments in doctoral programs have more than doubled since 2005-2006. After recovering from a slight decline in availability of admission spaces in 2009-2010, doctoral programs had 203 spaces available for admission in 2011-2012. Despite fluctuations in the availability of admission spaces, new student enrollments have been increasing since 2006-2007. In 2011-2012, 227 new students enrolled in doctoral programs.

Admission Spaces and New Student Enrollment in Doctoral Programs

	Academic Year						
	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
Admission Spaces Available*	89	74	109	163	159	165	203
New Student Enrollments	71	57	106	112	158	186	227
% Spaces Filled	79.8%	77.0%	97.2%	68.7%	99.4%	112.7%	111.8%

*If admission spaces were not provided in the data, the number of new enrollments was used as the number of available admission spaces.

Public programs have had some fluctuation in the number of new students enrolled from year-to-year but little change over the last seven years, while private programs have shown a five-fold increase in the number of new students enrolling in their programs during the same time period.

New Student Enrollment

	Academic Year						
	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
New Student Enrollments	**71**	**57**	**106**	**112**	**158**	**186**	**203**
Public Programs	42	36	37	31	38	32	41
Private Programs	29	21	69	81	120	154	162

After a spike in the number of qualified applications to doctoral programs in 2010-2011, the number of applications returned to levels reported in 2009-2010. In 2011-2012, doctoral programs received 203 qualified applications to their programs. For the first time in six years, all qualified applications were accepted for admission.

Applications* for Admission to Doctoral Programs

	Academic Year					
	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
Qualified Applications	**75**	**109**	**120**	**201**	**420**	**203**
Accepted	57	106	112	158	186	203
Not Accepted	18	3	8	43	234	0
% Qualified Applications *Not* Accepted	24.0%	2.8%	6.7%	21.4%	55.7%	0%

*Since these data represent applications rather than individuals, the increase in qualified applications may not represent an equal growth in the number of individuals applying to nursing school.

Student Completions

The number of students that completed a nursing doctoral program in California more than doubled in the past eight years, from 29 in 2004-2005 to 84 in 2011-2012. Private programs had a large increase in the number of students graduating from their programs in the last year, while public programs had fewer students complete their programs during the same time period.

Student Completions

	Academic Year							
	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
Completions	**29**	**42**	**57**	**39**	**49**	**64**	**76**	**84**
Public Programs	19	23	41	28	22	20	30	23
Private Programs	10	19	16	11	27	44	46	61

Student Census Data

The total number of students enrolled in doctoral programs more than doubled in eight years, from 251 students on October 15, 2005 to 628 in 2012. Both private and public programs had increases in total student enrollment over the last four years. However, private programs have had a five-fold increase in the number of students enrolled in their programs since 2005, while public programs have seen limited change in their total student enrollment during the same time period.

Student Census

	Academic Year							
	2005	2006	2007	2008	2009	2010	2011	2012
Student Census	**251**	**282**	**291**	**309**	**407**	**431**	**567**	**628**
Public Programs	177	193	173	161	155	163	176	216
Private Programs	74	89	118	148	252	268	391	412

Summary

The number of schools offering doctoral degrees and the number of students pursuing those degrees have increased over the past eight years. As more students complete these programs, more nursing researchers and more qualified applicants for nursing faculty positions will enter the nursing workforce. Private doctoral programs have been responsible for most of the increases in new student enrollments, student census and student completions since 2004-2005. However, public programs graduate a greater proportion of their new students than private programs.

Faculty Census Data

Faculty data for post-licensure programs were requested for the first time in the 2005-2006 survey. These data were collected by school, not by degree program. Therefore, faculty data represent post-licensure programs as a whole, not a specific degree program.

On October 15, 2012, post-licensure programs reported a total of 1,358 faculty that taught post-licensure courses, even if the faculty member also had a teaching role in the pre-licensure programs offered at the school. Over the last seven years, there have been fluctuations in the number of faculty teaching post-licensure students. Some of these fluctuations may be due to changes in the survey in 2009-2010[1], while others are likely due to online programs that have large fluctuations in enrollment and, hence, large fluctuations in faculty numbers from year to year. Online programs had 295 fewer faculty in 2012 than in the previous year, accounting for much of the change in total number of faculty teaching post-licensure students.

Of the 45 schools that offered post-licensure nursing programs in 2011-2012, 82.2% (n=37) reported sharing faculty with the pre-licensure programs offered at their school. Among the 37 schools that share faculty, an average of 33.5% of their pre-licensure faculty taught both pre- and

[1] Prior to 2009-2010, if schools reported that pre-licensure faculty were used to teach post-licensure programs, it was assumed that all pre-licensure faculty had a post-licensure teaching role. Feedback from nursing school deans and directors indicated that this assumption was not always true. Therefore, these questions were modified in 2009-2010 to collect data on the number of faculty that exclusively teach post-licensure students and the share of the pre-licensure faculty that also teach post-licensure courses.

post-licensure students. Twenty-four schools reported that they have some faculty that exclusively taught post-licensure students. Since many programs use the same faculty for pre- and post-licensure programs, 36.3% (n=493) of the 1,358 total post-licensure faculty reported in 2012 were also reported as pre-licensure faculty.

Post-licensure nursing programs reported 75 vacant faculty positions in 2012. These vacancies represent a 5.2% faculty vacancy rate, the highest since 2007.

Faculty Census Data

	Year						
	2006	2007	2008	2009	2010*	2011*	2012*
Total Faculty	**1,544**	**1,605**	**1,909**	**1,813**	**1,169**	**1,598**	**1,358**
Full-time	498	628	639	656	267	302	320
Part-time	1,046	977	1,270	1,157	549	836	633
Vacancy Rate**	**3.1%**	**6.0%**	**4.8%**	**3.4%**	**4.9%**	**1.2%**	**5.2%**
Vacancies	49	102	96	63	60	19	75

Census data represent the number of faculty on October 15th of the given year.
*The sum of full- and part-time faculty did not equal the total faculty reported in these years.
**Vacancy rate = number of vacancies/(total faculty + number of vacancies)

APPENDICES

APPENDIX A – List of Post-Licensure Nursing Education Programs

RN to BSN Programs (33)

Azusa Pacific University
California Baptist University
CSU Bakersfield
CSU Channel Islands
CSU Chico
CSU Dominguez Hills
CSU East Bay
CSU Fresno
CSU Fullerton
CSU Long Beach
CSU Los Angeles
CSU Northridge
CSU Sacramento
CSU San Bernardino
CSU San Marcos
CSU Stanislaus
Concordia University, Irvine
Holy Names University
Loma Linda University
National University
Pacific Union College
Point Loma Nazarene University
San Diego State University
San Francisco State University
Simpson University
Sonoma State University
United States University
University of California Los Angeles
University of Phoenix - Northern California
University of Phoenix - Southern California
The Valley Foundation School of Nursing at San Jose State University
West Coast University – Los Angeles
*West Coast University – Inland Empire

Master's Degree Programs (36)

Azusa Pacific University
California Baptist University
CSU Bakersfield*
CSU Chico
CSU Dominguez Hills
CSU Fresno
CSU Fullerton
CSU Long Beach
CSU Los Angeles
CSU Sacramento
CSU San Bernardino
CSU San Marcos
CSU Stanislaus
Charles R. Drew University of Medicine and Science
Dominican University of California
Holy Names University
Loma Linda University
Mount Saint Mary's College
Point Loma Nazarene University
Samuel Merritt University
San Diego State University
San Francisco State University
Sonoma State University
United States University
University of California Davis
University of California Irvine
University of California Los Angeles
University of California San Francisco
University of Phoenix - Northern California
University of Phoenix - Southern California
University of San Diego
University of San Francisco
University of Southern California
The Valley Foundation School of Nursing at San Jose State University
West Coast University – Los Angeles
Western University of Health Sciences

Doctoral Programs (10)

Azusa Pacific University
CSU Fullerton
Loma Linda University
Samuel Merritt University
University of California Davis
University of California Los Angeles
University of California San Francisco
University of San Diego
University of San Francisco
Western University of Health Sciences

* - New programs in 2011-2012

APPENDIX B – BRN Education Issues Workgroup

BRN Education Issues Workgroup Members

Members	**Organization**
Loucine Huckabay, Chair	California State University, Long Beach
Audrey Berman	Samuel Merritt University
Liz Close	Sonoma State University
Brenda Fong	Community College Chancellor's Office
Patricia Girczyc	College of the Redwoods
Marilyn Herrmann	Loma Linda University
Deloras Jones	California Institute for Nursing and Health Care
Stephanie Leach	Kaiser Foundation Health Plan
Judy Martin-Holland	University of California, San Francisco
Tammy Rice	Saddleback College

Ex-Officio Member

Louise Bailey	California Board of Registered Nursing

Project Manager

Julie Campbell-Warnock	California Board of Registered Nursing

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.5
DATE: June 12, 2013

ACTION REQUESTED: NCLEX Pass Rate Update

REQUESTED BY: Katie Daugherty, MN, RN, NEC

BACKGROUND:
The Board of Registered Nursing receives quarterly reports from the National Council of State Boards of Nursing (NCSBN) about the NCLEX-RN test results by quarter and with an annual perspective. The following tables show this information for the last 12 months and by each quarter.

NCLEX RESULTS – FIRST TIME CANDIDATES
April 1, 2012- March 31, 2013*

JURISDICTION	TOTAL TAKING TEST	PERCENT PASSED %
California	11,247	89.64
United States and Territories	153,888	90.12

CALIFORNIA NCLEX RESULTS – FIRST TIME CANDIDATES
By Quarters and Year April 1, 2012- March 31, 2013*

4/01/12-6/30/12		7/01/12-9/30/12		10/01/12-12/21/12		1/01/13-3/31/13		4/01/12-3/31/13	
# cand.	% pass	# cand.	% pass	# cand.	% pass	# cand.	% pass	# cand.	% pass
2,707	90.62	3,482	89.57	1,311	84.13	3,749	90.90	11,247	89.64

Includes (1), (5, (5) and (6) "re-entry" candidates and reflects the 2010 NCLEX-RN Test Plan and the previous passing standard (-0.16 logits) that remained in effect until 3/31/13.* ***Effective April 1, 2013, the 2013 NCLEX-RN Test Plan and the new Passing Standard of 0.00 logit was implemented and remains effective through March 31, 2016. A logit is defined as a unit of measurement to report relative differences between candidate ability estimates and item difficulties.*

The Nursing Education Consultants (NECs) monitor the NCLEX results of their assigned programs. Current procedure provides that after each academic year (July 1-June 30), if there is substandard performance (below 75% pass rate for first time candidates), the NEC requests the program director submit a report outlining the program's action plan to address this substandard performance. Should the substandard performance continue in the second academic year, an interim visit is scheduled and a written report is submitted to the Education/Licensing Committee. If there is no improvement in the next quarter, a full approval visit is scheduled within six months. A report is made to the Education /Licensing Committee following the full approval visit.

NEXT STEP(s): Continue to monitor results

FISCAL IMPACT: None

PERSON TO CONTACT: Katie Daugherty, MN, RN
(916) 574-7685

California Board of Registered Nursing

NCLEX-RN Pass Rates First Time Candidates
Comparison of National US Educated and CA Educated Pass Rates
By Degree Type

Academic Year July 1, 2012-June 30, 2013

Academic Year July 1-June 30	July-Sept #Tested	% Pass	Oct-Dec #Tested	% Pass	Jan-Mar #Tested	% Pass	April-June #Tested	%Pass	2012-2013 Cumulative Totals
National US Educated- All degree types *	51,025	(88.7)	12,426	(84.4)	40,979	(90.3)			
CA Educated- All degree types*	3,482	(89.5)	1,311	(84.1)	3,749	(90.9)			
National-Associate Degree rates**	27,606	(87.8)	6,875	(82.1)	23,662	(89.3)			
CA-Associate Degree rates**	2,086	(90.2)	523	(81.8)	2,226	(91.7)			
National-BSN+ELM rates**/***	22,024	(89.7)	5,255	(87.2)	16,564	(91.7)			
CA-BSN+ELM rates**/***	1,389	(88.4)	783	(85.5)	1,515	(89.6)			

***National rate for All Degree types includes four categories of results: Diploma, AD, BSN+ELM, and Special Codes. Use of the Special Codes category may vary from state to state. In CA, the Special Codes category is most commonly used for re-entry candidates such as eight year retake candidates wishing to reinstate an expired license per CCR 1419.3(b). The CA aggregate rate for the All degree types includes AD, BSN+ELM, and Special Codes but no diploma program rates since there are no diploma programs in CA. CA rates by specific degree type exclude special code counts since these are not reported by specific degree type.**
****National and CA rates reported by specific degree type include only the specific results for the AD or BSN+ELM categories.**
***** Historically, ELM programs have been included in the BSN degree category by NCSBN.**
Note: This report includes any quarter to quarter corrections NCSBN has made in data.
Source: National Council of State Boards Pass Rate Reports

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.6
DATE: June 12, 2013

ACTION REQUESTED; Licensing Program Report

REQUESTED BY: Michael Jackson, MSN, RN, Chairperson
Education/Licensing Committee

BACKGROUND:

Program Update:
With the impending conversion to the BreEZe system, and knowing delays could occur, an E-Blast was sent California nursing programs asking them to submit examination applications by April 24, 2013. We want sufficient time to process as many applications as possible, so the information will migrate to BreEZe.

The nursing programs shared this information with their students. From April 15, 2013 to May 21, 2013, the Board of Registered Nursing Licensing Program received and processed 2,657 applications. Processing includes sending notification of documentation still needed to enable the applicant to be deemed eligible for the examination, or finding the applicant eligible for the NCLEX-RN examination and issuing an Interim Permit. Of the 2,657 applications, 512 have been found eligible to test. This number will increase as graduation dates occur.

Business and Professions Code section 115.5, requires the board to expedite the licensing process for an applicant whose spouse or partner is an active duty member of the armed forces and is being stationed in California. To assist in this process, the Application for Licensure by Endorsement packet was updated to provide the requirements for this expedited service, and the application now includes a check box that clearly identifies these applicants. The Board has received seventeen (17) applications requesting this service and of this number eight (8) permanent RN licenses have been issued. The processing times have been from one (1) day to sixty (60) days. Because most of the applicants do not reside in California, they were unable to complete the Live Scan fingerprinting process. Submitting a fingerprint card and waiting for results is what causes the increase in processing times.

Statistics:
The statistics for the last two fiscal years and the first ten months of fiscal year 2012/13 are attached.

The increase is typical for this time of the year because of the graduating students from registered nursing programs and advanced practice programs. The number of applications for nurse practitioner furnishing numbers is still higher due to the change in Business & Professions Code Section 2836.1 that no longer requires Nurse Practitioners to complete six-months of physician supervised furnishing experience prior to applying.

Issues:
The Board continues to receive "revised" clinical rotation schedules from the Philippines, for applicants previously found to not meet concurrency requirements. The latest documents show all of the clinical cases were completed concurrently with the theoretical instruction. Applicants, from many different nursing schools have informed the Board the schools made errors in the rotation schedules, but now the information is correct. Now the problem is which document provides an accurate overview of the applicant's clinical cases.

In December 2012, the Board met with the Chairperson and two other members of the Philippine Commission on Higher Education (CHED). During our meeting the Chairperson stated she would forward a list of approved nursing schools and a list of schools that were being considered for closure because they did not meet CHED standards. The Board has never received the information from the Commission.

We still are receiving transcripts from Philippine nursing schools where all of the completed LVN course work is accepted to meet RN requirements. In one case, the only nursing courses completed in the BSN program were Nursing Leadership and Psychiatric Nursing.

We are receiving applications from Canadian educated nurses. In most cases the applicant is deficient, usually in obstetrics, pediatrics and psychiatric nursing. The deficiencies can be attributed to; shorter semesters (thirteen weeks) and in some programs these three subjects are electives.

NEXT STEPS: Continue to monitor licensure applications received by the BRN.

FISCAL IMPACT, IF ANY: None

PERSON TO CONTACT: Bobbi Pierce, Staff Services Manager I
Licensing Standards and Evaluations

CALIFORNIA BOARD OF REGISTERED NURSING
LICENSING STATISTICS

	FISCALYEAR 2010/11			FISCAL YEAR 2011/12			FISCAL YEAR 2012/13 (July 1, 2012 to May 21, 2013)		
DESCRIPTIONS	**APPS RECEIVED**	****APPS PENDING**	**LICENSES & CERTS ISSUED**	**APPS RECEVIED**	****APPS PENDNG**	**LICENSES & CERTS ISSUED**	**APPS RECEIVED**	****APPS PENDING**	**LICENSES & CERTS ISSUED**
REGISTERED NURSE – EXAMINATIONS ENDORSEMENTS & REPEATERS	34,559	5,933	23,150	37,226	4.725	22.853	29,389	11,229	19,737
CLINICAL NURSE SPECIALISTS	200	97	197	246	101	200	189	102	190
NURSE ANESTHETISTS	148	22	145	185	31	169	161	32	161
NURSE MIDWIVES	44	18	48	74	21	58	47	18	46
NURSE MIDWIFE FURNISHING NUMBER	23	6	23	37	4	37	50	11	44
NURSE PRACTITIONERS	838	263	917	1,273	248	1,161	1,007	135	1,105
NURSE PRACTITIONER FURNISHING NUMBER	699	65	751	894	149	857	1,502	113	1,489
PSYCH/MENTAL HEALTH LISTING	8	5	6	8	10	2	12	19	2
PUBLIC HEALTH NURSE	2,679	343	2,712	3,032	474	2,853	2,795	646	2,830

**Applications pending – Initial evaluation is complete; additional documentation required to complete file or applicant needs to register with testing vendor

BOARD OF REGISTERED NURSING
Legislative Committee
Agenda Item Summary

AGENDA ITEM: 8.1
DATE: June 12, 2013

ACTION REQUESTED: Positions on Bills of Interest to the Board, and any other Bills of Interest to the Board introduced during the 2013-2014 Legislative Session.

REQUESTED BY: Kay Weinkam, M.S., RN, CNS
Nursing Education Consultant

BACKGROUND:

Assembly Bills	Senate Bills
AB 154	SB 271
AB 186	SB 352
AB 213	SB 410
AB 259	SB 430
AB 291	SB 440
AB 361	SB 491
AB 512	SB 532
AB 633	SB 718
AB 697	SB 723
AB 705	SB 809
AB 790	
AB 859	
AB 1017	
AB 1057	

NEXT STEP: Place on Board agenda.

FISCAL IMPACT, IF ANY: None

PERSON TO CONTACT: Kay Weinkam, NEC
(916) 574-7600

BOARD OF REGISTERED NURSING
ASSEMBLY BILLS 2013-2014
June 12, 2013

BILL #	AUTHOR	SUBJECT	COMM POSITION (date)	BOARD POSITION (date)	BILL STATUS
AB 154	**Atkins**	**Abortion**	**Support (5/8)**	**Support (4/10)**	**Senate Rules**
AB 186	**Maienschein**	**Professions and vocations: military spouses: temporary licenses**	**Oppose (5/8)**	**Oppose (4/10)**	**Senate Rules**
AB 213	**Logue**	**Healing arts: licensure and certification requirements: military experience**	**Oppose (5/8)**	**Oppose (4/10)**	**APPR**
AB 259	**Logue**	**Nursing: CPR in emergency situations**	**Watch (5/8)**	**Watch (4/10)**	**Senate Health**
AB 291	Nestande	California Sunset Review Committee		Watch (4/10)	A&AR
AB 361	**Mitchell**	**Medi-Cal: health homes for Medi-Cal enrollees**		**Support (4/10)**	**Senate Rules**
AB 512	Rendon	Healing arts: licensure exemption		Oppose (4/10)	Senate BP&ED
AB 555	Salas	Professions and vocations: military and veterans		Oppose unless amended (4/10)	n/a
AB 633	**Salas**	**Emergency Medical Services: Civil Liability**	**Watch (5/8)**		**Senate Health**
AB 697	Gomez	Nursing education: service in state veterans' homes		Support (4/10)	Health
AB 705	**Blumenfield**	**Combat to Care Act**	**Oppose (5/8)**	**Oppose unless amended (4/10)**	**APPR**
AB 790	**Gomez**	**Child Abuse Reporting**		**Support (4/10)**	**Senate Public Safety**
AB 859	Gomez	Professions and vocations: military medical personnel		Watch (4/10)	Introduced
AB 1017	Gomez	Incoming telephone calls: messages		Watch (4/10)	BP&CP
AB 1057	**Medina**	**Professions and vocations: licenses: military service**	**Support if Amended (5/8)**	**Support if Amended (4/10)**	**Senate BP&ED**

Bold denotes a bill which was amended subsequent to the Board's position or is a new bill for Board consideration.

BOARD OF REGISTERED NURSING
SENATE BILLS 2013-2014
June 12, 2013

BILL #	AUTHOR	SUBJECT	COMM POSITION (date)	BOARD POSITION (date)	BILL STATUS
SB 271	Hernandez, E.	Associate Degree Nursing Scholarship Program		Support (4/10)	Assembly
SB 352	**Pavley**	**Medical Assistants – Supervision**	**Oppose (5/8)**	**Oppose (4/10)**	**Assembly BP&CP**
SB 410	**Yee**	**Anesthesiologist assistants**			**BP&ED**
SB 430	**Wright**	**Pupil health: vision appraisal: binocular function**	**Watch (5/8)**	**Watch (4/10)**	**Assembly**
SB 440	**Padilla**	**Public postsecondary education: Student Transfer Achievement Reform Act**	**Support (5/8)**	**Watch (4/10)**	**Assembly**
SB 491	**Hernandez**	**Nurse Practitioners**	**Watch (5/8)**		**Assembly**
SB 532	De León	Professions and vocations: military spouses: temporary licenses		Watch (4/10)	Rules
SB 718	**Yee**	**Hospitals: workplace violence prevention plans**	**Support (5/8)**	**Support (4/10)**	**Assembly Health**
SB 723	**Correa**	**Veterans**	**Watch (5/8)**	**Watch (4/10)**	**Assembly L&E**
SB 809	**DeSaulnier**	**Controlled substances: reporting**		**Watch (4/10)**	**Assembly**

Bold denotes a bill which was amended subsequent to the Board's position or is a new bill for Board consideration.

BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
June 12, 2013

BILL ANALYSIS

AUTHOR:	Atkins	**BILL NUMBER:**	AB 154
SPONSOR:	ACCESS Women's Health Justice American Civil Liberties Union of California Black Women for Wellness California Latinas for Reproductive Justice NARAL Pro-Choice California Planned Parenthood Affiliates of California	**BILL STATUS:**	Senate Committee on Rules
SUBJECT:	Abortion	**DATE LAST AMENDED:**	4/30/13

SUMMARY:
Existing law makes it a public offense, punishable by a fine not exceeding $10,000 or imprisonment, or both, for a person to perform or assist in performing a surgical abortion if the person does not have a valid license to practice as a physician and surgeon, or to assist in performing a surgical abortion without a valid license or certificate obtained in accordance with some other law that authorizes him or her to perform the functions necessary to assist in performing a surgical abortion.

Existing law also makes it a public offense, punishable by a fine not exceeding $10,000 or imprisonment, or both, for a person to perform or assist in performing a nonsurgical abortion if the person does not have a valid license to practice as a physician and surgeon or does not have a valid license or certificate obtained in accordance with some other law authorizing him or her to perform or assist in performing the functions necessary for a nonsurgical abortion. Under existing law, nonsurgical abortion includes termination of pregnancy through the use of pharmacological agents.

Existing law, the Nursing Practice Act, provides for the licensure and regulation of registered nurses, including nurse practitioners and certified nurse-midwives, by the Board of Registered Nursing. Existing law, the Physician Assistant Practice Act, provides for the licensure and regulation of physician assistants by the Physician Assistant Committee of the Medical Board of California.

Existing law authorizes the Office of Statewide Health Planning and Development to designate experimental health workforce projects as approved projects that, among other things, teach new skills to existing categories of health care personnel. The office has designated a pilot project, known as the Access through Primary Care Project, relating to the provision of health care services involving pregnancy.

ANALYSIS:
This bill would state that it is the intent of the Legislature to enact legislation that would expand access to reproductive health care in California by allowing qualified health care professionals to perform early abortions.

As Amended 3/19/13:
The subject of the bill has been changed from *Healing arts: reproductive health care* to *Abortion*.

This bill would instead make it a public offense, punishable by a fine not exceeding $10,000 or imprisonment, or both, for a person to perform an abortion if the person does not have a valid license to practice as a physician and surgeon, except that it would not be a public offense for a person to perform an abortion by medication or aspiration techniques in the first trimester of pregnancy if he or she holds a license or certificate authorizing him or her to perform the functions necessary for an abortion by medication or aspiration techniques.

The bill would also require a nurse practitioner, certified nurse-midwife, or physician assistant to complete training, as specified, in order to perform an abortion by aspiration techniques, and would indefinitely authorize a nurse practitioner, certified nurse-midwife, or physician assistant who completed a specified training program and achieved clinical competency to continue to perform abortions by aspiration techniques.

The bill would delete the references to a nonsurgical abortion and would delete the restrictions on assisting with abortion procedures. The bill would also make technical, nonsubstantive changes.

Amended Analysis of 4/30:
This bill amendment would require a nurse practitioner or certified nurse-midwife to adhere to standardized procedures developed in compliance with subdivision (c) of Business and Professions Code 2725 that specifies the following:

- Extent of supervision by a physician and surgeon with relevant training and expertise.
- Procedures for transferring patients to the care of the physician and surgeon or a hospital.
- Procedures for obtaining assistance and consultation from a physician and surgeon.
- Procedures for providing emergency care until physician assistance and consultation are available.
- Method of periodic review of the provisions of the standardized procedures.

It would also be considered unprofessional conduct for any nurse practitioner or certified nurse-midwife to perform an abortion by aspiration techniques pursuant to Section 2253 without prior completion of training and validation of clinical competency.

BOARD POSITION: Support (4/10/13)

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Support (5/8/13)

SUPPORT:

ACCESS Women's Health Justice (cosponsor)
American Civil Liberties Union of California (cosponsor)
Black Women for Wellness (cosponsor)
California Latinas for Reproductive Justice (cosponsor)

NARAL Pro-Choice California (cosponsor)
Planned Parenthood Affiliates of California (cosponsor)
ACT for Women and Girls
American Association of University Women
American College of Nurse-Midwives
American Nurses Association of California
Bay Area Communities for Health Education
Business and Professional Women of Nevada County
California Academy of Physician Assistants
California Association for Nurse Practitioners
California Church IMPACT
California Family Health Council
California Nurse-Midwives Association
California Women's Health Alliance
California Women's Law Center
Cardea Institute
Center on Reproductive Rights and Justice at UC Berkeley
Choice USA
Choice USA at California State University Long Beach
Choice USA at California State University Sacramento
Choice USA at Mills College
Choice USA at San Jose State
Choice USA at Scripps College
Forward Together
Fresno Barrios Unidos
Khmer Girls in Action
Law Students for Reproductive Justice
League of Women Voters of California
National Asian Pacific American Women's Forum
National Association for Youth Law
National Association of Social Workers, California Chapter
National Center for Lesbian Rights
National Center for Youth Law
National Council of Jewish Women California State Policy Advocates
National Health Law Program
National Latina Institute for Reproductive Health
National Network of Abortion Funds
Nevada County Citizens for Choice
Nursing Students for Choice at UCSF
Physicians for Reproductive Health
Planned Parenthood Mar Monte
Planned Parenthood of the Pacific Southwest
Reproductive Justice Coalition
Reproductive Justice Coalition of Los Angeles
Students for Reproductive Justice at Stanford University
Women's Community Clinic
Women's Health Specialists of California

OPPOSE:
California Catholic Conference
California Nurses for Ethical Standards
California Right to Life Committee
Capitol Resource Center
Coalition for Women and Children
Concerned Citizens of California
Concerned Women for America
Life Legal Defense Foundation

Pregnancy Counseling Center
Pro-Life Mission: International
Several individuals

AMENDED IN ASSEMBLY APRIL 30, 2013

AMENDED IN ASSEMBLY MARCH 19, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL No. 154

Introduced by Assembly Member Atkins
(Principal coauthor: Senator Jackson)
(Coauthors: Assembly Members Mitchell and Skinner)

January 22, 2013

An act to amend Section 2253 of, and to add Sections ~~734,~~ 2725.4~~,~~ and 3502.4 to, the Business and Professions Code, and to amend Section 123468 of the Health and Safety Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 154, as amended, Atkins. Abortion.

Existing law makes it a public offense, punishable by a fine not exceeding $10,000 or imprisonment, or both, for a person to perform or assist in performing a surgical abortion if the person does not have a valid license to practice as a physician and surgeon, or to assist in performing a surgical abortion without a valid license or certificate obtained in accordance with some other law that authorizes him or her to perform the functions necessary to assist in performing a surgical abortion. Existing law also makes it a public offense, punishable by a fine not exceeding $10,000 or imprisonment, or both, for a person to perform or assist in performing a nonsurgical abortion if the person does not have a valid license to practice as a physician and surgeon or does not have a valid license or certificate obtained in accordance with some other law authorizing him or her to perform or assist in performing the functions necessary for a nonsurgical abortion. Under existing law,

nonsurgical abortion includes termination of pregnancy through the use of pharmacological agents.

Existing law, the Nursing Practice Act, provides for the licensure and regulation of registered nurses, including nurse practitioners and certified nurse-midwives, by the Board of Registered Nursing. Existing law, the Physician Assistant Practice Act, provides for the licensure and regulation of physician assistants by the Physician Assistant ~~Committee~~ *Board within the jurisdiction* of the Medical Board of California.

This bill would instead make it a public offense, punishable by a fine not exceeding $10,000 or imprisonment, or both, for a person to perform an abortion if the person does not have a valid license to practice as a physician and surgeon, except that it would not be a public offense for a person to perform an abortion by medication or aspiration techniques in the first trimester of pregnancy if he or she holds a license or certificate authorizing him or her to perform the functions necessary for an abortion by medication or aspiration techniques. The bill would also require a nurse practitioner, certified nurse-midwife, or physician assistant to complete training, as specified, *and to comply with standardized procedures or protocols, as specified,* in order to perform an abortion by aspiration techniques, and would indefinitely authorize a nurse practitioner, certified nurse-midwife, or physician assistant who completed a specified training program and achieved clinical competency to continue to perform abortions by aspiration techniques. The bill would delete the references to a nonsurgical abortion and would delete the restrictions on assisting with abortion procedures. The bill would also make technical, nonsubstantive changes.

Because the bill would change the definition of crimes, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.

The people of the State of California do enact as follows:

~~SECTION 1. Section 734 is added to the Business and Professions Code, to read:~~

~~734. It is unprofessional conduct for any nurse practitioner, certified nurse midwife, or physician assistant to perform an abortion pursuant to Section 2253, without prior completion of training and validation of clinical competency.~~

~~SEC. 2.~~

SECTION 1. Section 2253 of the Business and Professions Code is amended to read:

2253. (a) Failure to comply with the Reproductive Privacy Act (Article 2.5 (commencing with Section 123460) of Chapter 2 of Part 2 of Division 106 of the Health and Safety Code) constitutes unprofessional conduct.

(b) (1) Except as provided in paragraph (2), a person is subject to Section 2052 if he or she performs an abortion, and at the time of so doing, does not have a valid, unrevoked, and unsuspended license to practice as a physician and surgeon.

(2) A person shall not be subject to Section 2052 if he or she performs an abortion by medication or aspiration techniques in the first trimester of pregnancy, and at the time of so doing, has a valid, unrevoked, and unsuspended license or certificate obtained in accordance with ~~some other provision of law, including, but not limited to,~~ the Nursing Practice Act (Chapter 6 (commencing with Section 2700)) or the Physician Assistant Practice Act (Chapter 7.7 (commencing with Section 3500)), that authorizes him or her to perform the functions necessary for an abortion by medication or aspiration techniques.

(c) In order to perform an abortion by aspiration techniques pursuant to paragraph (2) of subdivision (b), a person shall comply with Section 2725.4 or 3502.4.

~~SEC. 3.~~

SEC. 2. Section 2725.4 is added to the Business and Professions Code, to read:

2725.4. (a) In order to perform an abortion by aspiration techniques *pursuant to Section 2253*, a person with a license or certificate to practice as a nurse practitioner or a certified nurse-midwife shall complete training recognized by the Board of Registered Nursing. Beginning January 1, 2014, and until January 1, 2016, the competency-based training protocols established by Health Workforce Pilot Project (HWPP) No. 171 through the Office of Statewide Health Planning and Development shall be used.

(b) In order to perform an abortion by aspiration techniques pursuant to Section 2253, a person with a license or certificate to practice as a nurse practitioner or a certified nurse-midwife shall adhere to standardized procedures developed in compliance with subdivision (c) of Section 2725 that specify all of the following:

(1) The extent of supervision by a physician and surgeon with relevant training and expertise.

(2) Procedures for transferring patients to the care of the physician and surgeon or a hospital.

(3) Procedures for obtaining assistance and consultation from a physician and surgeon.

(4) Procedures for providing emergency care until physician assistance and consultation is available.

(5) The method of periodic review of the provisions of the standardized procedures.

~~(b)~~

(c) A nurse practitioner or certified nurse-midwife who has completed training and achieved clinical competency through HWPP No. 171 shall be authorized to perform abortions by aspiration techniques *pursuant to Section 2253, in adherence to standardized procedures described in subdivision (b).*

(d) It is unprofessional conduct for any nurse practitioner or certified nurse-midwife to perform an abortion by aspiration techniques pursuant to Section 2253 without prior completion of training and validation of clinical competency.

~~SEC. 4.~~

SEC. 3. Section 3502.4 is added to the Business and Professions Code, to read:

3502.4. (a) In order to receive authority from his or her supervising physician and surgeon to perform an abortion by aspiration techniques *pursuant to Section 2253,* a physician assistant shall complete training either through training programs approved by the ~~Physician Assistant Board~~ *board* pursuant to Section 3513 or by training to perform medical services which augment his or her current areas of competency pursuant to Section 1399.543 of Title 16 of the California Code of Regulations. Beginning January 1, 2014, and until January 1, 2016, the training and clinical competency protocols established by Health Workforce Pilot Project (HWPP) No. 171 through the Office of Statewide

Health Planning and Development shall be used as training and clinical competency guidelines to meet this requirement.

(b) In order to receive authority from his or her supervising physician and surgeon to perform an abortion by aspiration techniques pursuant to Section 2253, a physician assistant shall comply with protocols developed in compliance with Section 3502 that specify:

(1) The extent of supervision by a physician and surgeon with relevant training and expertise.

(2) Procedures for transferring patients to the care of the physician and surgeon or a hospital.

(3) Procedures for obtaining assistance and consultation from a physician and surgeon.

(4) Procedures for providing emergency care until physician assistance and consultation is available.

(5) The method of periodic review of the provisions of the protocols.

~~(b)~~

(c) The training protocols established by HWPP No. 171 shall be deemed to meet the standards of the ~~Physician Assistant Board~~ *board*. A physician assistant who has completed training and achieved clinical competency through HWPP No. 171 shall be authorized to perform abortions by aspiration techniques *pursuant to Section 2253, in adherence to protocols described in subdivision (b)*.

(d) It is unprofessional conduct for any physician assistant to perform an abortion by aspiration techniques pursuant to Section 2253 without prior completion of training and validation of clinical competency.

~~SEC. 5.~~

SEC. 4. Section 123468 of the Health and Safety Code is amended to read:

123468. The performance of an abortion is unauthorized if either of the following is true:

(a) The person performing the abortion is not a health care provider authorized to perform an abortion pursuant to Section 2253 of the Business and Professions Code.

(b) The abortion is performed on a viable fetus, and both of the following are established:

(1) In the good faith medical judgment of the physician, the fetus was viable.

(2) In the good faith medical judgment of the physician, continuation of the pregnancy posed no risk to life or health of the pregnant woman.

~~SEC. 6.~~

SEC. 5. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

O

BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
June 12, 2013

BILL ANALYSIS

AUTHOR:	Maienschein	**BILL NUMBER:**	AB 186
SPONSOR:	Maienschein	**BILL STATUS:**	Senate Committee on Rules
SUBJECT:	Professions and vocations: military spouses: temporary licenses	**DATE LAST AMENDED:**	5/24/13

SUMMARY:
Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law provides for the issuance of reciprocal licenses in certain fields where the applicant, among other requirements, has a license to practice within that field in another jurisdiction, as specified. Under existing law, licensing fees imposed by certain boards within the department are deposited in funds that are continuously appropriated. Existing law requires a board within the department to expedite the licensure process for an applicant who holds a current license in another jurisdiction in the same profession or vocation and who supplies satisfactory evidence of being married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active duty military orders.

ANALYSIS:
This bill would authorize a board within the department to issue a provisional license to an applicant who qualifies for an expedited license pursuant to the above-described provision. The bill would require the provisional license to expire after 18 months.

AMENDED ANALYSIS of 4/1:
The bill would prohibit a provisional license from being provided to any applicant who has committed an act in any jurisdiction that would have constituted grounds for denial, suspension, or revocation of the license at the time the act was committed, or has been disciplined by a licensing entity in another jurisdiction, or is the subject of an unresolved complaint, review procedure, or disciplinary proceeding conducted by a licensing entity in another jurisdiction. The bill would require the board to approve a provisional license based on an application that includes an affidavit that the information submitted in the application is accurate and that verification documentation from the other jurisdiction has been requested. The bill would require the provisional license to expire after 18 months or at the issuance of the expedited license.

AMENDED ANALYSIS as of 4/22:

This bill would require a board within the department to issue a temporary license to an applicant who qualifies for, and requests, expedited licensure pursuant to the above-described provision if he or she meets specified requirements. The bill would require the temporary license to expire 12 months after issuance, upon issuance of the expedited license, or upon denial of the application for expedited licensure by the board, whichever occurs first. The bill would authorize a board to conduct an investigation of an applicant for purposes of denying or revoking a temporary license, and would authorize a criminal background check as part of that investigation. The bill would require an applicant seeking a temporary license to submit an application to the board that includes a signed affidavit attesting to the fact that he or she meets all of the requirements for the temporary license and that the information submitted in the application is accurate, as specified. The bill would also require the application to include written verification from the applicant's original licensing jurisdiction stating that the applicant's license is in good standing.
This bill would prohibit a provisional temporary license from being provided to any applicant who has committed an act in any jurisdiction that would have constituted grounds for denial, suspension, or revocation of the license at the time the act was committed, or committed. The bill would provide that a violation of the above-described provision may be grounds for the denial or revocation of a temporary license. The bill would further prohibit a temporary license from being provided to any applicant who has been disciplined by a licensing entity in another jurisdiction, or is the subject of an unresolved complaint, review procedure, or disciplinary proceeding conducted by a licensing entity in another jurisdiction. The bill would require an applicant, upon request by a board, to furnish a full set of fingerprints for purposes of conducting a criminal background check.

AMENDED ANALYSIS as of 5/24:
This bill was amended to read:
(d) This section shall not apply to a board that has established a temporary licensing process before January 1, 2014

BOARD POSITION: Oppose (4/10)

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Oppose (5/8)

SUPPORT:
California Architects Board
California Association for Health Services at Home
Department of Defense (DOD)
National Military Family Association
San Diego Military Advisory Council

OPPOSE:
American Association for Marriage and Family Therapy, California Division

AMENDED IN ASSEMBLY MAY 24, 2013

AMENDED IN ASSEMBLY APRIL 22, 2013

AMENDED IN ASSEMBLY APRIL 1, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL No. 186

Introduced by Assembly Member Maienschein
(Principal coauthor: Assembly Member Hagman)
(Coauthors: Assembly Members Chávez, Dahle, Donnelly, Beth Gaines, Grove, Harkey, Olsen, and Patterson)
(Coauthors: Senators Fuller and Huff)

January 28, 2013

An act to amend Section 115.5 of the Business and Professions Code, relating to professions and vocations, and making an appropriation therefor.

LEGISLATIVE COUNSEL'S DIGEST

AB 186, as amended, Maienschein. Professions and vocations: military spouses: temporary licenses.

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law provides for the issuance of reciprocal licenses in certain fields where the applicant, among other requirements, has a license to practice within that field in another jurisdiction, as specified. Existing law requires that the licensing fees imposed by certain boards within the department be deposited in funds that are continuously appropriated. Existing law requires a board within the department to expedite the licensure process for an applicant who holds a current license in another jurisdiction in the same profession or vocation and

who supplies satisfactory evidence of being married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active duty military orders.

This bill would require a board within the department to issue a temporary license to an applicant who qualifies for, and requests, expedited licensure pursuant to the above-described provision if he or she meets specified requirements, *except as provided*. The bill would require the temporary license to expire 12 months after issuance, upon issuance of the expedited license, or upon denial of the application for expedited licensure by the board, whichever occurs first. The bill would authorize a board to conduct an investigation of an applicant for purposes of denying or revoking a temporary license, and would authorize a criminal background check as part of that investigation. The bill would require an applicant seeking a temporary license to submit an application to the board that includes a signed affidavit attesting to the fact that he or she meets all of the requirements for the temporary license and that the information submitted in the application is accurate, as specified. The bill would also require the application to include written verification from the applicant's original licensing jurisdiction stating that the applicant's license is in good standing.

This bill would prohibit a temporary license from being provided to any applicant who has committed an act in any jurisdiction that would have constituted grounds for denial, suspension, or revocation of the license at the time the act was committed. The bill would provide that a violation of the above-described provision may be grounds for the denial or revocation of a temporary license. The bill would further prohibit a temporary license from being provided to any applicant who has been disciplined by a licensing entity in another jurisdiction, or is the subject of an unresolved complaint, review procedure, or disciplinary proceeding conducted by a licensing entity in another jurisdiction. The bill would require an applicant, upon request by a board, to furnish a full set of fingerprints for purposes of conducting a criminal background check.

Because the bill would authorize the expenditure of continuously appropriated funds for a new purpose, the bill would make an appropriation.

Vote: majority. Appropriation: yes. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

SECTION 1. Section 115.5 of the Business and Professions Code is amended to read:

115.5. (a) ~~A~~ *Except as provided in subdivision (d), a* board within the department shall expedite the licensure process for an applicant who meets both of the following requirements:

(1) Supplies evidence satisfactory to the board that the applicant is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders.

(2) Holds a current license in another state, district, or territory of the United States in the profession or vocation for which he or she seeks a license from the board.

(b) (1) A board shall, after appropriate investigation, issue a temporary license to an applicant who is eligible for, and requests, expedited licensure pursuant to subdivision (a) if the applicant meets the requirements described in paragraph (3). The temporary license shall expire 12 months after issuance, upon issuance of the expedited license, or upon denial of the application for expedited licensure by the board, whichever occurs first.

(2) The board may conduct an investigation of an applicant for purposes of denying or revoking a temporary license issued pursuant to this subdivision. This investigation may include a criminal background check.

(3) (A) An applicant seeking a temporary license issued pursuant to this subdivision shall submit an application to the board which shall include a signed affidavit attesting to the fact that he or she meets all of the requirements for the temporary license and that the information submitted in the application is accurate, to the best of his or her knowledge. The application shall also include written verification from the applicant's original licensing jurisdiction stating that the applicant's license is in good standing in that jurisdiction.

(B) The applicant shall not have committed an act in any jurisdiction that would have constituted grounds for denial, suspension, or revocation of the license under this code at the time the act was committed. A violation of this subparagraph may be

grounds for the denial or revocation of a temporary license issued by the board.

(C) The applicant shall not have been disciplined by a licensing entity in another jurisdiction and shall not be the subject of an unresolved complaint, review procedure, or disciplinary proceeding conducted by a licensing entity in another jurisdiction.

(D) The applicant shall, upon request by a board, furnish a full set of fingerprints for purposes of conducting a criminal background check.

(c) A board may adopt regulations necessary to administer this section.

(d) This section shall not apply to a board that has established a temporary licensing process before January 1, 2014.

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BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
June 12, 2013

BILL ANALYSIS

AUTHOR:	Logue	**BILL NUMBER:**	AB 213
SPONSOR:	Logue	**BILL STATUS:**	Committee on Appropriations
SUBJECT:	Healing arts: licensure and certification requirements: military experience	**DATE LAST AMENDED:**	4/18/13

SUMMARY:
Existing law provides for the licensure and regulation of various healing arts professions and vocations by boards within the Department of Consumer Affairs. Existing law requires the rules and regulations of these healing arts boards to provide for methods of evaluating education, training, and experience obtained in military service if such training is applicable to the requirements of the particular profession or vocation regulated by the board. Under existing law, specified other healing arts professions are licensed or certified and regulated by the State Department of Public Health. In some instances, a board with the Department of Consumer Affairs or the State Department of Public Health approves schools offering educational course credit for meeting licensing or certification qualifications and requirements.

Under existing law, the Department of Veterans Affairs has specified powers and duties relating to various programs serving veterans. Under existing law, the Chancellor of the California State University and the Chancellor of the California Community Colleges have specified powers and duties relating to statewide health education programs.

ANALYSIS:
This bill would require a healing arts board within the Department of Consumer Affairs and the State Department of Public Health, upon the presentation of evidence by an applicant for licensure or certification, to accept education, training, and practical experience completed by an applicant in military service toward the qualifications and requirements to receive a license or certificate if that education, training, or experience is equivalent to the standards of the board or department. If a board or the State Department of Public Health accredits or otherwise approves schools offering educational course credit for meeting licensing and certification qualifications and requirements, the bill would, not later than July 1, 2014, require those schools seeking accreditation or approval to have procedures in place to evaluate an applicant's military education, training, and practical experience toward the completion of an educational program that would qualify a person to apply for licensure or certification, as specified.

With respect to complying with the bill's requirements and obtaining specified funds to support compliance with these provisions, this bill would require the Department of Veterans Affairs, the Chancellor of the California State University, and the Chancellor of the California Community Colleges to provide technical assistance to the healing arts boards within the Department of Consumer Affairs, the State Department of Public Health, and to the schools offering, or seeking to offer, educational course credit for meeting licensing qualifications and requirements.

Amended analysis as of 4/1/13:
This bill would require a healing arts board within the Department of Consumer Affairs and the State Department of Public Health, upon the presentation of evidence by an applicant for licensure or certification, to accept education, training, and practical experience completed by an applicant in military service toward the qualifications and requirements to receive a license or certificate *for specified professions and vocations* if that education, training, or experience is equivalent to the standards of the board or department. If a board *within the Department of Consumer Affairs* or the State Department of Public Health accredits or otherwise approves schools offering educational course credit for meeting licensing and certification qualifications and requirements, the bill would, not later than July 1, 2014, require those schools seeking accreditation or approval to have procedures in place to evaluate an applicant's military education, training, and practical experience toward the completion of an educational program that would qualify a person to apply for licensure or certification, as specified.

Amended analysis as of 4/15/18:
The bill would, not later than ~~July 1, 2014,~~ *January 1, 2015,* require those schools seeking accreditation or approval to have procedures in place to evaluate an applicant's military education, training, and practical experience toward the completion of an educational program that would qualify a person to apply for licensure or certification, as specified.

Amended analysis as of 4/18/13:
This bill adds two provisions to state that "nothing in this section shall interfere with the educational, certification, or licensing requirement or standard set by a licensing entity or certification board or other healing arts regulatory agency or entity, to practice health care in the state."

BOARD POSITION: Oppose (4/10/13)

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:
American Legion-Department of California
AMVETS - Department of California
Association of California Healthcare Districts
California Association of County Veterans Service Officers
California Association for Health Services at Home
California State Commanders Veterans Council
Office of the Deputy Assistant Secretary of Defense, Military Community and Family Policy
VFW Department of California
Vietnam Veterans of America - California State Council

OPPOSE:
California Society of Radiologic Technologists

AMENDED IN ASSEMBLY APRIL 18, 2013

AMENDED IN ASSEMBLY APRIL 15, 2013

AMENDED IN ASSEMBLY APRIL 1, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL No. 213

Introduced by Assembly Member Logue
(Principal coauthor: Assembly Member Pan)
(Coauthors: Assembly Members Conway, Beth Gaines, Harkey, Jones, Morrell, Nestande, and Wilk)

January 31, 2013

An act to add Section 712 to the Business and Professions Code, and to add Section 131136 to the Health and Safety Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 213, as amended, Logue. Healing arts: licensure and certification requirements: military experience.

Existing law provides for the licensure and regulation of various healing arts professions and vocations by boards within the Department of Consumer Affairs. Existing law requires the rules and regulations of these healing arts boards to provide for methods of evaluating education, training, and experience obtained in military service if such training is applicable to the requirements of the particular profession or vocation regulated by the board. Under existing law, specified other healing arts professions and vocations are licensed or certified and regulated by the State Department of Public Health. In some instances, a board with the Department of Consumer Affairs or the State Department of Public

Health approves schools offering educational course credit for meeting licensing or certification qualifications and requirements.

This bill would require the State Department of Public Health, upon the presentation of evidence by an applicant for licensure or certification, to accept education, training, and practical experience completed by an applicant in military service toward the qualifications and requirements to receive a license or certificate for specified professions and vocations if that education, training, or experience is equivalent to the standards of the department. If a board within the Department of Consumer Affairs or the State Department of Public Health accredits or otherwise approves schools offering educational course credit for meeting licensing and certification qualifications and requirements, the bill would, not later than January 1, 2015, require those schools seeking accreditation or approval to have procedures in place to evaluate an applicant's military education, training, and practical experience toward the completion of an educational program that would qualify a person to apply for licensure or certification, as specified.

Under existing law, the Department of Veterans Affairs has specified powers and duties relating to various programs serving veterans. Under existing law, the Chancellor of the California State University and the Chancellor of the California Community Colleges have specified powers and duties relating to statewide health education programs.

With respect to complying with the bill's requirements and obtaining specified funds to support compliance with these provisions, this bill would require the Department of Veterans Affairs, the Chancellor of the California State University, and the Chancellor of the California Community Colleges to provide technical assistance to the healing arts boards within the Department of Consumer Affairs, the State Department of Public Health, and to the schools offering, or seeking to offer, educational course credit for meeting licensing qualifications and requirements.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

SECTION 1. This act shall be known, and may be cited, as the Veterans Health Care Workforce Act of 2013.

SEC. 2. (a) The Legislature finds and declares all of the following:

(1) Lack of health care providers continues to be a significant barrier to access to health care services in medically underserved urban and rural areas of California.

(2) Veterans of the United States Armed Forces and the California National Guard gain invaluable education, training, and practical experience through their military service.

(3) According to the federal Department of Defense, as of June 2011, one million veterans were unemployed nationally and the jobless rate for post-9/11 veterans was 13.3 percent, with young male veterans 18 to 24 years of age experiencing an unemployment rate of 21.9 percent.

(4) According to the federal Department of Defense, during the 2011 federal fiscal year, 8,854 enlisted service members with medical classifications separated from active duty.

(5) According to the federal Department of Defense, during the 2011 federal fiscal year, 16,777 service members who separated from active duty listed California as their state of residence.

(6) It is critical, both to veterans seeking to transition to civilian health care professions and to patients living in underserved urban and rural areas of California, that the Legislature ensures that veteran applicants for licensure by healing arts boards within the Department of Consumer Affairs or the State Department of Public Health are expedited through the qualifications and requirements process.

(b) It is the intent of the Legislature to ensure that boards within the Department of Consumer Affairs and the State Department of Public Health and schools offering educational course credit for meeting licensing qualifications and requirements fully and expeditiously recognize and provide credit for an applicant's military education, training, and practical experience.

SEC. 3. Section 712 is added to the Business and Professions Code, to read:

712. (a) Not later than January 1, 2015, if a board under this division accredits or otherwise approves schools offering educational course credit for meeting licensing qualifications and requirements, the board shall require a school seeking accreditation or approval to submit to the board proof that the school has procedures in place to evaluate, upon presentation of satisfactory evidence by the applicant, the applicant's military education, training, and practical experience toward the completion of an

educational program that would qualify a person to apply for licensure if the school determines that the education, training, or practical experience is equivalent to the standards of the board. A board that requires a school to be accredited by a national organization shall not impose requirements on the school that conflict with the standards of the national organization.

(b) With respect to ~~complying~~ *compliance* with the requirements of this section, including the determination of equivalency between the education, training, or practical experience of an applicant and the board's standards, and obtaining state, federal, or private funds to support compliance with this section, the Department of Veterans Affairs, the Chancellor of the California State University, and the Chancellor of the California Community Colleges shall provide technical assistance to the boards under this division and to the schools under this section.

(c) Nothing in this section shall interfere with an educational, certification, or licensing requirement or standard set by a licensing entity or certification board or other appropriate healing arts regulatory agency or entity, to practice health care in the state.

SEC. 4. Section 131136 is added to the Health and Safety Code, to read:

131136. (a) Notwithstanding any other provision of law, the department shall, upon the presentation of satisfactory evidence by an applicant for licensure or certification in one of the professions described in subdivision (b), accept the education, training, and practical experience completed by the applicant as a member of the United States Armed Forces or Military Reserves of the United States, the national guard of any state, the military reserves of any state, or the naval militia of any state, toward the qualifications and requirements for licensure or certification by the department if the department determines that the education, training, or practical experience is equivalent to the standards of the department.

(b) The following professions are subject to this section:

(1) Medical laboratory technician as described in Section 1260.3 of the Business and Professions Code.

(2) Clinical laboratory scientist as described in Section 1261 of the Business and Professions Code.

(3) Radiologic technologist as described in Chapter 6 (commencing with Section 114840) of Part 9 of Division 104.

(4) Nuclear medicine technologist as described in Chapter 4 (commencing with Section 107150) of Part 1 of Division 104.

(5) Certified nurse assistant as described in Article 9 (commencing with Section 1337) of Chapter 2 of Division 2.

(6) Certified home health aide as described in Section 1736.1.

(7) Certified hemodialysis technician as described in Section 1247.61 of the Business and Professions Code.

(8) Nursing home administrator as described in Section 1416.2.

(c) Not later than January 1, 2015, if the department accredits or otherwise approves schools offering educational course credit for meeting licensing and certification qualifications and requirements, the department shall require a school seeking accreditation or approval to submit to the board proof that the school has procedures in place to fully accept an applicant's military education, training, and practical experience toward the completion of an educational program that would qualify a person to apply for licensure or certification if the school determines that the education, training, or practical experience is equivalent to the standards of the department. If the department requires a school to be accredited by a national organization, the requirement of the department shall not, in any way, conflict with standards set by the national organization.

(d) With respect to complying with the requirements of this section including the determination of equivalency between the education, training, or practical experience of an applicant and the department's standards, and obtaining state, federal, or private funds to support compliance with this section, the Department of Veterans Affairs, the Chancellor of the California State University, and the Chancellor of the California Community Colleges shall provide technical assistance to the department, to the State Public Health Officer, and to the schools described in this section.

(e) Nothing in this section shall interfere with an educational, certification, or licensing requirement or standard set by a licensing entity or certification board or other appropriate healing arts regulatory agency or entity, to practice health care in California.

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BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
June 12, 2013

BILL ANALYSIS

AUTHOR:	Logue	**BILL NUMBER:**	AB 259
SPONSOR:	Logue	**BILL STATUS:**	Senate Committee on Health
SUBJECT:	Nursing: CPR in emergency situations	**DATE LAST AMENDED:**	4/16/13

SUMMARY:
This bill was originally introduced on February 7, 2013, with the subject related to water user or users. It was amended to apply to Nursing on March 19th.

The Nursing Practice Act governs the licensing and regulation of professional nursing, and vests authority for enforcing the act in the Board of Registered Nursing within the Department of Consumer Affairs. Among other provisions, the act provides that a person licensed pursuant to the act who in good faith renders emergency care at the scene of an emergency which occurs outside both the place and the course of that person's employment is not liable for any civil damages as the result of acts or omissions by that person in rendering the emergency care, except as specified. The act also authorizes the board to take disciplinary action against a certified or licensed nurse for unprofessional conduct, as described. A person who violates a provision of the act is guilty of a misdemeanor.

Existing law regulates health facilities, including skilled nursing facilities, intermediate care facilities, and congregate living health facilities. A person who violates these provisions is guilty of a crime, except as specified.

ANALYSIS:
This bill would make refusing to administer cardiopulmonary resuscitation in an emergency situation unprofessional conduct for purposes of the Nursing Practice Act, as specified. By creating a new crime, the bill would impose a state-mandated local program.

The bill would also provide that if a skilled nursing facility, an intermediate care facility, or a congregate living health facility implements or enforces a policy that prohibits a licensed professional nurse employed by the facility from administering cardiopulmonary resuscitation, that policy is void as against public policy. By creating a new crime relating to health care facilities, the bill would impose a state-mandated local program.

AMENDED ANALYSIS as of 4/16:
The bill would *make it a misdemeanor for those facilities [long-term health care facilities, community care facilities, adult day health care centers, and residential care facilities] to have a policy that prohibits any employee* from administering cardiopulmonary resuscitation, *except as specified*. By creating a new crime relating to *these* facilities, the bill would impose a state-mandated local program.

BOARD POSITION: Watch (4/10)

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Watch (5/8)

SUPPORT:
California Advocates for Nursing Home Reform

OPPOSE:
California Nurses Association

AMENDED IN ASSEMBLY APRIL 16, 2013

AMENDED IN ASSEMBLY MARCH 19, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL No. 259

Introduced by Assembly Member Logue

February 7, 2013

An act ~~to amend Section 2762 of the Business and Professions Code, and~~ to add ~~Section 1259.7~~ *Chapter 13 (commencing with Section 1796)* to *Division 2 of* the Health and Safety Code, relating to ~~nursing~~ *health and care facilities*.

LEGISLATIVE COUNSEL'S DIGEST

AB 259, as amended, Logue. ~~Nursing:~~ *Health and care facilities:* CPR ~~in emergency situations~~.

~~The Nursing Practice Act governs the licensing and regulation of professional nursing, and vests authority for enforcing the act in the Board of Registered Nursing within the Department of Consumer Affairs. Among other provisions, the act provides that a person licensed pursuant to the act who in good faith renders emergency care at the scene of an emergency which occurs outside both the place and the course of that person's employment is not liable for any civil damages as the result of acts or omissions by that person in rendering the emergency care, except as specified. The act also authorizes the board to take disciplinary action against a certified or licensed nurse for unprofessional conduct, as described. A person who violates a provision of the act is guilty of a misdemeanor.~~

Existing law regulates ~~health facilities, including skilled nursing facilities, intermediate care facilities, and congregate living health~~

~~facilities~~ *long-term health care facilities, community care facilities, adult day health care centers, and residential care facilities*. A person who violates these provisions is guilty of a crime, except as specified.

This bill would ~~make refusing to administer cardiopulmonary resuscitation in an emergency situation unprofessional conduct for purposes of the Nursing Practice Act, as specified. By creating a new crime, the bill would impose a state-mandated local program.~~

~~The bill would also provide that if a skilled nursing facility, an intermediate care facility, or a congregate living health facility implements or enforces a policy that prohibits a licensed professional nurse employed by the facility~~ *make it a misdemeanor for those facilities to have a policy that prohibits any employee* from administering cardiopulmonary resuscitation, ~~that policy is void as against public policy~~ *except as specified*. By creating a new crime relating to ~~health care~~ *these* facilities, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.

The people of the State of California do enact as follows:

~~SECTION 1. Section 2762 of the Business and Professions Code is amended to read:~~

~~2762. In addition to other acts constituting unprofessional conduct within the meaning of this chapter it is unprofessional conduct for a person licensed under this chapter to do any of the following:~~

~~(a) Obtain or possess in violation of law, or prescribe, or except as directed by a licensed physician and surgeon, dentist, or podiatrist administer to himself or herself, or furnish or administer to another, any controlled substance as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code or any dangerous drug or dangerous device as defined in Section 4022.~~

~~(b) Use any controlled substance as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code, or any dangerous drug or dangerous device as defined in Section 4022, or alcoholic beverages, to an extent or in a manner dangerous or injurious to himself or herself, any other person, or the public or to the extent that such use impairs his or her ability to conduct with safety to the public the practice authorized by his or her license.~~

~~(c) Be convicted of a criminal offense involving the prescription, consumption, or self-administration of any of the substances described in subdivisions (a) and (b) of this section, or the possession of, or falsification of a record pertaining to, the substances described in subdivision (a) of this section, in which event the record of the conviction is conclusive evidence thereof.~~

~~(d) Be committed or confined by a court of competent jurisdiction for intemperate use of or addiction to the use of any of the substances described in subdivisions (a) and (b) of this section, in which event the court order of commitment or confinement is prima facie evidence of such commitment or confinement.~~

~~(e) Falsify, or make grossly incorrect, grossly inconsistent, or unintelligible entries in any hospital, patient, or other record pertaining to the substances described in subdivision (a).~~

~~(f) Refuse to administer cardiopulmonary resuscitation in an emergency situation, provided that the nurse is able to perform the resuscitation. This subdivision does not apply if there is a "Do not resuscitate" order in effect for the person upon whom the resuscitation would otherwise be performed.~~

~~SEC. 2. Section 1259.7 is added to the Health and Safety Code, to read:~~

~~1259.7. If a skilled nursing facility, an intermediate care facility, or a congregate living health facility implements or enforces a policy that prohibits a licensed professional nurse employed by the facility from administering cardiopulmonary resuscitation, that policy is void as against public policy.~~

SECTION 1. Chapter 13 (commencing with Section 1796) is added to Division 2 of the Health and Safety Code, to read:

CHAPTER 13. CARDIOPULMONARY RESUSCITATION

1796. (a) It is a misdemeanor for a long-term health care facility, as defined in Section 1418, community care facility, as defined in Section 1502, adult day health care center, as defined in Section 1570.7, or residential care facility for the elderly, as defined in Section 1569.2, to have a policy that prohibits any employee from administering cardiopulmonary resuscitation.

(b) This section does not apply if there is a "do not resuscitate" or Physician Orders for Life Sustaining Treatment form, as defined in Section 4780 of the Probate Code, or an advance health care directive that prohibits resuscitation, as specified in Part 2 (commencing with Section 4670) of Division 4.7 of the Probate Code, in effect for the person upon whom the resuscitation would otherwise be performed.

~~SEC. 3.~~

SEC. 2. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

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BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
June 12, 2013

BILL ANALYSIS

AUTHOR:	Mitchell	**BILL NUMBER:**	AB 361
SPONSOR:	Corporation for Supportive Housing Western Center on Law and Poverty	**BILL STATUS:**	Senate
SUBJECT:	Medi-Cal: Health homes for Medi-Cal enrollees	**DATE LAST AMENDED:**	5/24/13

SUMMARY:
Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions. Existing federal law authorizes a state, subject to federal approval of a state plan amendment, to offer health home services, as defined, to eligible individuals with chronic conditions.

ANALYSIS:
This bill would authorize the department, subject to federal approval, to create a health home program for enrollees with chronic conditions, as prescribed, as authorized under federal law. This bill would provide that those provisions shall not be implemented unless federal financial participation is available and additional General Fund moneys are not used to fund the administration and service costs, except as specified. This bill would require the department to ensure that an evaluation of the program is completed, if created by the department, and would require that the department submit a report to the appropriate policy and fiscal committees of the Legislature within 2 years after implementation of the program.

Amended analysis as of 4/4:
Changes do not affect the Board.

Amended analysis as of 5/24:
The amendment refers to the source of funding:
Except as provided in Section 14127.6, the nonfederal share shall be provided by funds from local governments, private foundations, or any other source line permitted under federal law.

BOARD POSITION: Support (4/10)

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:
Corporation for Supportive Housing (cosponsor)
Western Center on Law and Poverty (cosponsor)
California Association of Addiction Recovery Resources

California Immigrant Policy Center
California State Association of Counties
Century Housing
Children Now
Children's Defense Fund California
EveryOne Home
First Place for Youth
Health Access California
Non-Profit Housing Association of Northern California
Senior Community Centers
United Ways of California
WellSpace Health

OPPOSE:
California Right to Life Committee, Inc.

AMENDED IN ASSEMBLY MAY 24, 2013

AMENDED IN ASSEMBLY APRIL 4, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL No. 361

Introduced by Assembly Member Mitchell
(Principal coauthor: Assembly Member Atkins)
(Coauthor: Assembly Member Ammiano)
(Coauthor: Senator Beall)

February 14, 2013

An act to add Article 3.9 (commencing with Section 14127) to Chapter 7 of Part 3 of Division 9 of the Welfare and Institutions Code, relating to Medi-Cal.

LEGISLATIVE COUNSEL'S DIGEST

AB 361, as amended, Mitchell. Medi-Cal: Health Homes for Medi-Cal Enrollees and Section 1115 Waiver Demonstration Populations with Chronic and Complex Conditions.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions. Existing federal law authorizes a state, subject to federal approval of a state plan amendment, to offer health home services, as defined, to eligible individuals with chronic conditions.

This bill would authorize the department, subject to federal approval, to create a health home program for enrollees with chronic conditions, as prescribed, as authorized under federal law. This bill would provide

that those provisions shall not be implemented unless federal financial participation is available and additional General Fund moneys are not used to fund the administration and service costs, except as specified. This bill would require the department to ensure that an evaluation of the program is completed, if created by the department, and would require that the department submit a report to the appropriate policy and fiscal committees of the Legislature within 2 years after implementation of the program.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

SECTION 1. The Legislature finds and declares all of the following:

(a) The Health Homes for Enrollees with Chronic Conditions option (Health Homes option) under Section 2703 of the federal Patient Protection and Affordable Care Act (Affordable Care Act) (42 U.S.C. Sec. 1396w-4) offers an opportunity for California to address chronic and complex health conditions, including social determinants that lead to poor health outcomes and high costs among Medi-Cal beneficiaries.

(b) For example, people who frequently use hospitals for reasons that could have been avoided with more appropriate care incur high Medi-Cal costs and suffer high rates of early mortality due to the complexity of their conditions and, often, their negative social determinants of health. Frequent users have difficulties accessing regular or preventive care and complying with treatment protocols, and the significant number who are homeless have no place to store medications, cannot adhere to a healthy diet or maintain appropriate hygiene, face frequent victimization, and lack rest when recovering from illness.

(c) Increasingly, health providers are partnering with community behavioral health and social services providers to offer a person-centered interdisciplinary system of care that effectively addresses the needs of enrollees with multiple chronic or complex conditions, including frequent hospital users and people experiencing chronic homelessness. These health homes help people with chronic and complex conditions to access better care and better health, while decreasing costs.

(d) Federal guidelines allow the state to access enhanced federal matching rates for health home services under the Health Homes option for multiple target populations to achieve more than one policy goal.

SEC. 2. Article 3.9 (commencing with Section 14127) is added to Chapter 7 of Part 3 of Division 9 of the Welfare and Institutions Code, to read:

Article 3.9. Health Homes for Medi-Cal Enrollees and Section 1115 Waiver Demonstration Populations with Chronic and Complex Conditions

14127. For the purposes of this article, the following definitions shall apply:

(a) "Department" means the State Department of Health Care Services.

(b) "Federal guidelines" means all federal statutes, and all regulatory and policy guidelines issued by the federal Centers for Medicare and Medicaid Services regarding the Health Homes for Enrollees with Chronic Conditions option under Section 2703 of the federal Patient Protection and Affordable Care Act (Affordable Care Act) (42 U.S.C. Sec. 1396w-4), including the State Medicaid Director Letter issued on November 16, 2010.

(c) (1) "Health home" means a provider or team of providers designated by the department that satisfies all of the following:

(A) Meets the criteria described in federal guidelines.

(B) Offers a whole person approach, including, but not limited to, coordinating other available services that address needs affecting a participating individual's health.

(C) Offers services in a range of settings, as appropriate, to meet the needs of an individual eligible for health home services.

(2) Health home partners may include, but are not limited to, a health plan, community clinic, a mental health plan, a hospital, physicians, a clinical practice or clinical group practice, rural health clinic, community health center, community mental health center, home health agency, nurse practitioners, social workers, paraprofessionals, housing navigators, and housing providers.

(3) For purposes of serving targeted beneficiaries identified in subdivision (c) of Section 14127.3, the department shall require a lead provider to be a physician, a community clinic, a mental health

plan, a community-based nonprofit organization, a county health system, or a hospital.

(4) The department may determine the model of health home it intends to create, including any entity, provider, or group of providers operating as a health team, as a team of health care professionals, or as a designated provider, as those terms are defined in Sections 3502(c)(2) and 1945(h)(5) and (h)(6) of the Affordable Care Act, respectively.

(d) "Homeless" has the same meaning as that term is defined in Section 91.5 of Title 24 of the Code of Federal Regulations. A "chronically homeless individual" means an individual whose conditions limit his or her activities of daily living and who has experienced homelessness for longer than a year or for four or more episodes over three years. An individual who is currently residing in transitional housing or who has been residing in permanent supportive housing for less than two years shall be considered a chronically homeless individual if the individual was chronically homeless prior to his or her residence.

(e) "Targeted beneficiary" means an individual who meets the criteria specified in subdivision (c) of Section 14127.3.

14127.1. Subject to federal approval, the department may do all of the following to create a California Health Home Program, as authorized under Section 2703 of the Affordable Care Act:

(a) Design, with opportunity for public comment, a program to provide health home services to Medi-Cal beneficiaries and Section 1115 waiver demonstration populations with chronic conditions.

(b) Contract with new providers, new managed care plans, existing Medi-Cal providers, existing managed care plans, or counties to provide health home services, as provided in Section 14128.

(c) Submit any necessary applications to the federal Centers for Medicare and Medicaid Services for one or more state plan amendments to provide health home services to Medi-Cal beneficiaries, to newly eligible Medi-Cal beneficiaries upon Medicaid expansion under the Affordable Care Act, and, if applicable, to Low Income Health Program (LIHP) enrollees in counties with LIHPs willing to match federal funds.

(d) Define the populations of eligible individuals.

(e) Develop a payment methodology, including, but not limited to, fee-for-service or per member, per month payment structures

that include tiered payment rates that take into account the intensity of services necessary to outreach to, engage, and serve the populations the department identifies.

(f) Identify health home services, consistent with federal guidelines.

(g) The department may submit applications and operate, to the extent permitted by federal law and to the extent federal approval is obtained, more than one health home program for distinct populations, different providers or contractors, or specific geographic areas.

14127.2. (a) The department may design one or more state plan amendments to provide health home services to children and adults pursuant to Section 14127.1, and, in consultation with stakeholders, shall develop the geographic criteria, beneficiary eligibility criteria, and provider eligibility criteria for each state plan amendment.

(b) (1) Subject to federal approval for receipt of the enhanced federal match, services provided under the program established pursuant to this article shall include all of the following:

(A) Comprehensive and individualized care management.

(B) Care coordination and health promotion, including connection to medical, mental health, and substance use care.

(C) Comprehensive transitional care from inpatient to other settings, including appropriate followup.

(D) Individual and family support, including authorized representatives.

(E) Referral to relevant community and social services supports, including, but not limited to, connection to housing for participants who are homeless or unstably housed, transportation to appointments needed to managed health needs, and peer recovery support.

(F) Health information technology to identify eligible individuals and link services, if feasible and appropriate.

(2) According to beneficiary needs, the health home provider may provide less intensive services or graduate the beneficiary completely from the program upon stabilization.

14127.3. (a) If the department creates a health home program pursuant to this article, the department shall determine whether a health home program that targets adults is operationally viable.

(b) (1) In determining whether a health home program that targets adults is operationally viable, the department shall consider whether a state plan amendment could be designed in a manner that minimizes the impact on the General Fund, whether the department has the capacity to administer the program, and whether a sufficient provider network exists for providing health home services to targeted beneficiaries described in subdivision (c).

(2) If the department determines that a health home program that targets adults is operationally viable pursuant to paragraph (1), then the department shall design a state plan amendment to target beneficiaries who meet the criteria specified in subdivision (c).

(3) (A) If the department determines a health home program that targets adults is not operationally viable, then the department shall report the basis for this determination, as well as a plan to address the health needs of chronically homeless beneficiaries and frequent hospital users to the appropriate policy and fiscal committees of the Legislature.

(B) The requirement for submitting the report and plan under subparagraph (A) is inoperative four years after the date the report is due, pursuant to Section 10231.5 of the Government Code.

(c) A state plan amendment submitted pursuant to this section shall target adult beneficiaries who meet both of the following criteria:

(1) Have current diagnoses of chronic, co-occurring physical health, mental health, or substance use disorders prevalent among frequent hospital users.

(2) Have a level of severity in conditions established by the department, based on one or more of the following factors:

(A) Frequent inpatient hospital admissions, including hospitalization for medical, psychiatric, or substance use related conditions.

(B) Excessive use of crisis or emergency services.

(C) Chronic homelessness.

(d) (1) For the purposes of providing health home services to targeted beneficiaries who meet the criteria in subdivision (c), the department shall select designated health home providers, managed care organizations subcontracting with providers, or counties acting as or subcontracting with providers operating as a health home team that have all of the following:

(A) Demonstrated experience working with frequent hospital users.

(B) Demonstrated experience working with people who are chronically homeless.

(C) The capacity and administrative infrastructure to participate in the program, including the ability to meet requirements of federal guidelines.

(D) A viable plan, with roles identified among providers of the health home, to do all of the following:

(i) Reach out to and engage frequent hospital users and chronically homeless eligible individuals.

(ii) Link eligible individuals who are homeless or experiencing housing instability to permanent housing, such as supportive housing.

(iii) Ensure coordination and linkages to services needed to access and maintain health stability, including medical, mental health, substance use care, and social services to address social determinants of health.

(2) The department may design additional provider criteria to those identified in paragraph (1) after consultation with stakeholder groups who have expertise in engagement and services for targeted beneficiaries described in this section.

(3) The department may authorize health home providers eligible under this subdivision to serve Medi-Cal enrollees through a fee-for-service or managed care delivery system, and shall allow for both county-operated and private providers to participate in the California Health Home program.

(4) The department shall design strategies to outreach to, engage, and provide health home services to the targeted beneficiaries identified in subdivision (c), based on consultation with ~~stakeholders~~ *stakeholder* groups who have expertise in engaging and providing services to these targeted beneficiaries.

(5) The department shall design other health home elements, including provider rates specific to targeted beneficiaries described in subdivision (c), after consultation with stakeholder groups who have expertise in engaging and providing services to these targeted beneficiaries.

(6) If the department creates a health home program that targets adults described in subdivision (c), the department may also submit state plan amendments targeting other adult populations.

14127.4. (a) The department shall administer this article in a manner that attempts to maximize federal financial participation, consistent with federal law.

(b) ~~This article shall not be construed to preclude local governments or foundations from contributing the nonfederal share of costs for services provided under this program, so long as those contributions are permitted under federal law.~~ *Except as provided in Section 14127.6, the nonfederal share shall be provided by funds from local governments, private foundations, or any other source permitted under federal law.* The department, or counties contracting with the department, may also enter into risk-sharing and social impact bond program agreements to fund services under this article.

(c) In accordance with federal guidelines, the state may limit availability of health home or enhanced health home services geographically.

14127.5. (a) If the department creates a health home program, the department shall ensure that an evaluation of the program is completed and shall, within two years after implementation, submit a report to the appropriate policy and fiscal committees of the Legislature.

(b) The requirement for submitting the report under subdivision (a) is inoperative four years after the date the report is due, pursuant to Section 10231.5 of the Government Code.

14127.6. (a) This article shall be implemented only if and to the extent federal financial participation is available and the federal Centers for Medicare and Medicaid Services approves any state plan amendments sought pursuant to this article.

(b) Except as provided in subdivisions (c) and (d), this article shall be implemented only if no additional General Fund moneys are used to fund the administration and costs of services.

(c) Notwithstanding subdivision (b), prior to and during the first eight quarters of implementation, if the department projects, based on analysis of current and projected expenditures for health home services, that this article can be implemented in a manner that does not result in a net increase in ongoing General Fund costs for the Medi-Cal program, the department may use state funds to fund any program costs.

(d) Notwithstanding subdivision (b), if the department projects, after the first eight quarters of implementation, that implementation

of this article has not resulted in a net increase in ongoing General Fund costs for the Medi-Cal program, the department may use state funds to fund any program costs.

(e) The department may use new funding in the form of enhanced federal financial participation for health home services that are currently funded to fund any additional costs for new health home program services.

(f) The department shall seek to fund the creation, implementation, and administration of the program with funding other than state general funds.

(g) The department may revise or terminate the health home program any time after the first eight quarters of implementation if the department finds that the program fails to result in improved health outcomes or results in substantial General Fund expense without commensurate decreases in Medi-Cal costs among program participants.

14128. (a) In the event of a judicial challenge of the provisions of this article, this article shall not be construed to create an obligation on the part of the state to fund any payment from state funds due to the absence or shortfall of federal funding.

(b) For the purposes of implementing this article, the department may enter into exclusive or nonexclusive contracts on a bid or negotiated basis, and may amend existing managed care contracts to provide or arrange for services under this article. Contracts may be statewide or on a more limited geographic basis. Contracts entered into or amended under this section shall be exempt from the provisions of Chapter 2 (commencing with Section 10290) of Part 2 of Division 2 of the Public Contract Code and Chapter 6 (commencing with Section 14825) of Part 5.5 of Division 3 of the Government Code, and shall be exempt from the review or approval of any division of the Department of General Services.

(c) (1) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department may implement, interpret, or make specific the process set forth in this article by means of all-county letters, plan letters, plan or provider bulletins, or similar instructions, without taking regulatory action, until such time as regulations are adopted. It is the intent of the Legislature that the department be provided temporary authority as necessary to implement program changes until completion of the regulatory process.

(2) The department shall adopt emergency regulations no later than two years after implementation of this article. The department may readopt, up to two times, any emergency regulation authorized by this section that is the same as or substantially equivalent to an emergency regulation previously adopted pursuant to this section.

(3) The initial adoption of emergency regulations implementing this article and the readoptions of emergency regulations authorized by this section shall be deemed an emergency and necessary for the immediate preservation of the public peace, health, safety, or general welfare. Initial emergency regulations and readoptions authorized by this section shall be exempt from review by the Office of Administrative Law. The initial emergency regulations and readoptions authorized by this section shall be submitted to the Office of Administrative Law for filing with the Secretary of State and shall remain in effect for no more than 180 days, by which time final regulations may be adopted.

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BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
June 12, 2013

BILL ANALYSIS

AUTHOR:	Salas	**BILL NUMBER:**	AB 633
SPONSOR:	Salas	**BILL STATUS:**	Senate Health
SUBJECT:	Emergency Medical Services: Civil Liability	**DATE LAST AMENDED:**	5/13/13

SUMMARY:
Under existing law, a person who, in good faith and not for compensation, renders emergency medical or nonmedical care or assistance at the scene of an emergency is not liable for civil damages resulting from any act or omission, except as specified.

Existing law further provides that a person who has completed a basic cardiopulmonary resuscitation course that complies with specified standards and who in good faith renders emergency cardiopulmonary resuscitation at the scene of an emergency is not liable for any civil damages as a result of any act or omission, except as specified.

ANALYSIS:
This bill would prohibit a provider from adopting or enforcing a policy prohibiting an employee from voluntarily providing emergency medical services, including, but not limited to, cardiopulmonary resuscitation, in response to a medical emergency. This prohibition would not apply to a long-term health care facility, a community care facility, adult day health care centers, or residential care facility for the elderly if there is a "do not resuscitate" or "Physician Orders for Life Sustaining Treatment" forms or an advance health care directive that prohibits resuscitation in effect for the person upon whom the resuscitation would otherwise be performed.

Amended analysis of 5/13:
An employer shall not adopt or enforce a policy *or practice of* prohibiting an employee from voluntarily providing emergency medical services, including, but not limited to, cardiopulmonary resuscitation, in response to a medical emergency.

This bill adds *A health facility, as defined in section 1250, that is licensed by the State Department of Public Health* to the list of facilities to which this section would not apply if there is a "do not resuscitate" or Physician Orders for Life Sustaining Treatment form, or an advance health care directive that prohibits resuscitation in effect for the individual.

BOARD POSITION:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Watch (5/8)

SUPPORT:
California Advocates for Nursing Home Reform
California Professional Firefighters

OPPOSE:
California Hospital Association (oppose unless amended)

AMENDED IN ASSEMBLY MAY 13, 2013

AMENDED IN ASSEMBLY APRIL 17, 2013

AMENDED IN ASSEMBLY MARCH 19, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL No. 633

Introduced by Assembly Member Salas

February 20, 2013

An act to add Section 1799.103 to the Health and Safety Code, relating to emergency medical services.

LEGISLATIVE COUNSEL'S DIGEST

AB 633, as amended, Salas. Emergency medical services: civil liability.

Under existing law, a person who, in good faith and not for compensation, renders emergency medical or nonmedical care or assistance at the scene of an emergency is not liable for civil damages resulting from any act or omission, except as specified. Existing law further provides that a person who has completed a basic cardiopulmonary resuscitation course that complies with specified standards, and who in good faith renders emergency cardiopulmonary resuscitation at the scene of an emergency is not liable for any civil damages as a result of any act or omission, except as specified. Existing law provides that a health care provider, including any licensed clinic, health dispensary, or health facility, is not liable for professional negligence or malpractice for any occurrence or result solely on the basis that the occurrence or result was caused by the natural course of a disease or condition, or was the natural or expected result of reasonable treatment rendered for the disease or condition.

This bill would prohibit an employer from having a policy *or practice of* prohibiting an employee from providing voluntary emergency medical services, including, but not limited to, cardiopulmonary resuscitation, in response to a medical emergency, except as specified. The bill would provide that an employee is not liable for any civil damages resulting from an act or omission when he or she, in good faith and not for compensation, renders emergency care at the scene of an emergency, except as specified.

Vote: majority. Appropriation: no. Fiscal committee: no. State-mandated local program: no.

The people of the State of California do enact as follows:

SECTION 1. Section 1799.103 is added to the Health and Safety Code, to read:

1799.103. (a) (1) An employer shall not adopt or enforce a policy *or practice of* prohibiting an employee from voluntarily providing emergency medical services, including, but not limited to, cardiopulmonary resuscitation, in response to a medical emergency.

(2) Section 1799.102 applies to an employee providing resuscitation pursuant to paragraph (1).

(b) This section shall not apply to any of the following facilities if there is a "do not resuscitate" or a Physician Orders for Life Sustaining Treatment form as defined in Section 4780 of the Probate Code, or an advance health care directive that prohibits resuscitation pursuant to Chapter 1 (commencing with Section 4670) of Part 2 of Division 4.7 of the Probate Code, in effect for the person upon whom the resuscitation would otherwise be performed:

(1) A long-term health care facility, as defined in Section 1418.

(2) A community care facility, as defined in Section 1502.

(3) A residential care facility for the elderly, as defined in Section 1569.2.

(4) An adult day health care center, as defined in Section 1570.7.

(5) A health facility, as defined in Section 1250, that is licensed by the State Department of Public Health.

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BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
July 12, 2013

BILL ANALYSIS

AUTHOR:	Blumenfield	**BILL NUMBER:**	AB 705
SPONSOR:	Blumenfield	**BILL STATUS:**	Committee on Appropriations
SUBJECT:	Combat to Care Act	**DATE LAST AMENDED:**	4/23/13

SUMMARY:
Existing law provides for the licensure and regulation of various healing arts professions and vocations by boards within the Department of Consumer Affairs.

ANALYSIS:
This bill would provide that this act shall be known, and may be cited as, the Combat to Care Act and would make various legislative findings and declarations, including that California recognizes that military service members gain skill and experience while serving the country that, upon discharge, can be translated to the civilian world.

AMENDED ANALYSIS as of 3/19:
The bill would require the Board of Registered Nursing to adopt regulations that identify the Armed Forces coursework, training, and experience that is equivalent or transferable to coursework required for licensure by the board. This bill would require the board, after evaluating a military applicant's education and training, to provide the applicant with a list of the coursework he or she must still complete to be eligible for licensure.

AMENDED ANALYSIS as of 4/3:
The bill would require the Board of Registered Nursing to adopt regulations that identify the Armed Forces coursework *education,* training, and experience that is equivalent or transferable to coursework required for licensure by the board. This bill would require the board, after evaluating a military applicant's education and training *education, training, and experience,* to provide the applicant with a list of the coursework he or she must still complete to be eligible for licensure.

AMENDED ANALYSIS as of 4/23:
The bill would require the Board of Registered Nursing, *by regulation and in conjunction with the Military Department, to* identify the Armed Forces education, training, *or* experience that is equivalent or transferable to *the curriculum* required for licensure by the board. *The* bill would require the board, after evaluating a military applicant's education, training, *or* experience, to provide the applicant with a list of the coursework, *if any,* he or she must still complete to be eligible for licensure *and to grant the applicant, if he or she meets specified criteria, a license upon passing the standard examination. The bill would require the board to attempt to contact military*

service members who may meet the bill's criteria and would authorize the board to enter into an agreement with the federal government in that regard. The bill would require the board to maintain records of applicants, as specified.

BOARD POSITION: Oppose unless amended (4/10)

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Oppose (5/8)

SUPPORT:
California Association of County Veterans Service Officers
Vietnam Veterans of America - California State Council

OPPOSE:
American Nurses Association- California
California Nurses Association

AMENDED IN ASSEMBLY APRIL 23, 2013

AMENDED IN ASSEMBLY APRIL 3, 2013

AMENDED IN ASSEMBLY MARCH 19, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL No. 705

Introduced by Assembly Member Blumenfield
(Coauthors: Assembly Members Eggman, Fox, and Logue)

February 21, 2013

An act to amend Section 2736.5 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 705, as amended, Blumenfield. Combat to Care Act.

Existing law provides for the licensure and regulation of various healing arts professions and vocations by boards within the Department of Consumer Affairs. Existing law requires boards within the department to adopt rules and regulations to provide for methods of evaluating education, training, and experience obtained in the armed services, if applicable to the requirements of the business, occupation, or profession regulated, and to specify how this education, training, and experience may be used to meet the licensure requirements for the particular business, occupation, or profession regulated. Existing law, the Nursing Practice Act, provides for the licensure and regulation of registered nurses by the Board of Registered Nursing.

Existing law requires applicants for licensure as a registered nurse to meet certain educational requirements, to have completed specified courses of instruction, and to not be subject to denial of licensure under specified circumstances. Existing law authorizes applicants who have

served on active duty in the medical corps in the United States Armed Forces to submit a record of specified training to the board for evaluation in order to satisfy the courses of instruction requirement. Under existing law, if the applicant satisfies the other general licensure requirements and if the board determines that his or her education establishes competency to practice registered nursing, the applicant shall be granted a license upon passing a certain examination.

This bill would provide that this act shall be known, and may be cited, as the Combat to Care Act and would make various legislative findings and declarations, including that California recognizes that military service members gain skill and experience while serving the country that, upon discharge, can be translated to the civilian world. The bill would require the Board of Registered Nursing ~~to adopt regulations that~~, *by regulation and in conjunction with the Military Department, to* identify the Armed Forces education, training, ~~and~~ *or* experience that is equivalent or transferable to ~~coursework~~ *the curriculum* required for licensure by the board. ~~This~~ *The* bill would require the board, after evaluating a military applicant's education, training, ~~and~~ *or* experience, to provide the applicant with a list of the coursework, *if any,* he or she must still complete to be eligible for licensure *and to grant the applicant, if he or she meets specified criteria, a license upon passing the standard examination. The bill would require the board to attempt to contact military service members who may meet the bill's criteria and would authorize the board to enter into an agreement with the federal government in that regard. The bill would require the board to maintain records of applicants, as specified.*

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

SECTION 1. This act shall be known, and may be cited, as the Combat to Care Act.

SEC. 2. The Legislature finds and declares all of the following:

(a) President Barack Obama signed the Veteran Skills to Jobs Act, authored by former California State Senator Jeff Denham, which directs federal licensing authorities to consider and accept military experience and training for the purposes of satisfying the requirements for licensure.

(b) In signing the Veterans Skills to Jobs Act, President Obama declared that "No veteran who fought for our nation overseas should have to fight for a job when they return home."

(c) The Institute for Veterans and Military Families at Syracuse University found that, since 2001, more than 2.8 million military personnel have made the transition from military to civilian life and another one million service members will make this transition over the next five years.

(d) California is home to the largest veteran population in the country, with approximately 2 million veterans, and is expected to welcome home 30,000 more annually.

(e) California recognizes that military service members gain skills and experience while serving our country that, upon discharge, can be translated to the civilian world.

(f) Last year the Governor signed into law Assembly Bill 2659 (Ch. 406, Stats. 2012) to help veterans with military commercial motor vehicle driving experience transfer those skills into civilian life. This act is part of California's ongoing effort to streamline veterans into viable careers after military service.

SEC. 3. Section 2736.5 of the Business and Professions Code is amended to read:

2736.5. (a) Any person who has served on active duty in the medical corps of any of the Armed Forces of the United States and who has successfully completed the course of education, training, ~~and~~ *or* experience required to qualify him or her for rating as a medical service technician—independent duty, or other equivalent rating in his or her particular branch of the Armed Forces, and whose service in the Armed Forces has been under honorable conditions, may submit the record of that education, training, ~~and~~ *or* experience to the board for evaluation ~~towards~~ *toward* licensure.

(b) After making an evaluation pursuant to subdivision (a), the board shall provide an applicant with a list of coursework, if any, that the applicant must complete to be eligible for licensure.

(c) If an applicant meets the qualifications of subdivision (a) and paragraphs (1) and (3) of subdivision (a) of Section 2736, and if the board determines that his or her education, training, ~~and~~ *or* experience would give reasonable assurance of competence to practice as a registered nurse in this state, he or she shall be granted a license upon passing the standard examination for licensure.

(d) The board shall, by regulation, establish criteria for evaluating the education, training, ~~and~~ *or* experience of applicants under this section.

(e) On or before January 1, 2015, the board shall, by regulation *and in conjunction with the Military Department*, identify the Armed Forces education, training, ~~and~~ *or* experience that is equivalent or transferable to ~~coursework~~ *the curriculum* required for licensure by the board.

(f) The board shall maintain records of the following categories of applicants under this section:

(1) Applicants who are rejected for examination and the areas of those applicants' preparation that are the causes of rejection.

(2) Applicants who are qualified by their military education, training, ~~and~~ *or* experience alone to take the examination, and the results of their examinations.

(3) Applicants who are qualified to take the examination by their military education, training, ~~and~~ *or* experience plus supplementary education, and the results of their examinations.

(g) The board shall attempt to contact by mail or other means individuals meeting the requirements of subdivision (a) who have been or will be discharged or separated from the Armed Forces of the United States, in order to inform them of the application procedure provided by this section. The board may enter into an agreement with the federal government in order to secure the names and addresses of those individuals.

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BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
June 12, 2013

BILL ANALYSIS

AUTHOR:	Gomez	**BILL NUMBER:**	AB 790
SPONSOR:	Gomez	**BILL STATUS:**	Senate Public Safety
SUBJECT:	Child abuse: reporting	**DATE LAST AMENDED:**	6/3/13

SUMMARY:

The Child Abuse and Neglect Reporting Act requires a mandated reporter, as defined, to make a report to a specified agency whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect.

Existing law further requires the mandated reporter to make an initial report by telephone to the agency immediately or as soon as is practicably possible, and to prepare and send, fax, or electronically transmit a written followup report within 36 hours of receiving the information concerning the incident.

Existing law additionally provides that, when 2 or more mandated reporters have joint knowledge of suspected child abuse or neglect, they may select a member of the team by mutual agreement to make and sign a single report. Any member who has knowledge that the member designated to report has failed to do so is required to thereafter make the report.

ANALYSIS:
This bill would delete these latter provisions, thus requiring every mandated reporter who has knowledge of suspected child abuse or neglect to make a report, as specified.

Amended analysis as of 6/3:
This bill would limit these latter provisions to mandated reporters who are health care providers, thereby requiring every mandated reporter who is not a health care provider and who has knowledge of suspected child abuse or neglect to make an individual report.

The bill would require the person who files a single report on behalf of multiple health care providers who are mandated reporters to include the names of other mandated reporters, if known, who have knowledge of known or suspected instances of child abuse or neglect, as specified. The bill would provide that a person making the report would not be subject to criminal penalties or other sanctions for failing to include one or more names of those persons if his or her failure to include those names is accidental or inadvertent.

BOARD POSITION: Support (4/10)

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:
American Federation of State, County and Municipal Employees
California Police Chiefs Association
County Welfare Directors Association of California

OPPOSE:
California Public Defenders Association
California Association of Marriage and Family Therapists

AMENDED IN SENATE JUNE 3, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL No. 790

Introduced by Assembly Member Gomez

February 21, 2013

An act to amend Section 11166 of the Penal Code, relating to child abuse.

LEGISLATIVE COUNSEL'S DIGEST

AB 790, as amended, Gomez. Child abuse: reporting.

The Child Abuse and Neglect Reporting Act requires a mandated reporter, as defined, to make a report to a specified agency whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect. Existing law further requires the mandated reporter to make an initial report by telephone to the agency immediately or as soon as is practicably possible, and to prepare and send, fax, or electronically transmit a written followup report within 36 hours of receiving the information concerning the incident.

Existing law additionally provides that, when 2 or more mandated reporters have joint knowledge of suspected child abuse or neglect, they may select a member of the team by mutual agreement to make and sign a single report. Any member who has knowledge that the member designated to report has failed to do so is required to thereafter make the report.

This bill would ~~delete~~ *limit* these latter provisions~~, thus requiring every mandated reporter who has knowledge of suspected child abuse or neglect to make a report~~, *to mandated reporters who are health care*

providers, thereby requiring every mandated reporter who is not a health care provider and who has knowledge of suspected child abuse or neglect to make an individual report. The bill would require the person who files a single report on behalf of multiple health care providers who are mandated reporters to include the names of other mandated reporters, if known, who have knowledge of known or suspected instances of child abuse or neglect, as specified. *The bill would provide that a person making the report would not be subject to criminal penalties or other sanctions for failing to include one or more names of those persons if his or her failure to include those names is accidental or inadvertent.*

Because this bill would expand the definition of a crime, it would impose a state-mandated program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.

The people of the State of California do enact as follows:

SECTION 1. Section 11166 of the Penal Code is amended to read:

11166. (a) Except as provided in subdivision (d), and in Section 11166.05, a mandated reporter shall make a report to an agency specified in Section 11165.9 whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect. The mandated reporter shall make an initial report by telephone to the agency immediately or as soon as is practicably possible, and shall prepare and send, fax, or electronically transmit a written followup report within 36 hours of receiving the information concerning the incident. The mandated reporter may include with the report any nonprivileged documentary evidence the mandated reporter possesses relating to the incident.

(1) For purposes of this article, "reasonable suspicion" means that it is objectively reasonable for a person to entertain a suspicion, based upon facts that could cause a reasonable person in a like position, drawing, when appropriate, on his or her training and experience, to suspect child abuse or neglect. "Reasonable suspicion" does not require certainty that child abuse or neglect has occurred nor does it require a specific medical indication of child abuse or neglect; any "reasonable suspicion" is sufficient. For purposes of this article, the pregnancy of a minor does not, in and of itself, constitute a basis for a reasonable suspicion of sexual abuse.

(2) The agency shall be notified and a report shall be prepared and sent, faxed, or electronically transmitted even if the child has expired, regardless of whether or not the possible abuse was a factor contributing to the death, and even if suspected child abuse was discovered during an autopsy.

(3) Any report made by a mandated reporter pursuant to this section shall be known as a mandated report.

(b) If after reasonable efforts a mandated reporter is unable to submit an initial report by telephone, he or she shall immediately or as soon as is practicably possible, by fax or electronic transmission, make a one-time automated written report on the form prescribed by the Department of Justice, and shall also be available to respond to a telephone followup call by the agency with which he or she filed the report. A mandated reporter who files a one-time automated written report because he or she was unable to submit an initial report by telephone is not required to submit a written followup report.

(1) The one-time automated written report form prescribed by the Department of Justice shall be clearly identifiable so that it is not mistaken for a standard written followup report. In addition, the automated one-time report shall contain a section that allows the mandated reporter to state the reason the initial telephone call was not able to be completed. The reason for the submission of the one-time automated written report in lieu of the procedure prescribed in subdivision (a) shall be captured in the Child Welfare Services/Case Management System (CWS/CMS). The department shall work with stakeholders to modify reporting forms and the CWS/CMS as is necessary to accommodate the changes enacted by these provisions.

(2) This subdivision shall not become operative until the CWS/CMS is updated to capture the information prescribed in this subdivision.

(3) This subdivision shall become inoperative three years after this subdivision becomes operative or on January 1, 2009, whichever occurs first.

(4) On the inoperative date of these provisions, a report shall be submitted to the counties and the Legislature by the State Department of Social Services that reflects the data collected from automated one-time reports indicating the reasons stated as to why the automated one-time report was filed in lieu of the initial telephone report.

(5) Nothing in this section shall supersede the requirement that a mandated reporter first attempt to make a report via telephone, or that agencies specified in Section 11165.9 accept reports from mandated reporters and other persons as required.

(c) Any mandated reporter who fails to report an incident of known or reasonably suspected child abuse or neglect as required by this section is guilty of a misdemeanor punishable by up to six months confinement in a county jail or by a fine of one thousand dollars ($1,000) or by both that imprisonment and fine. If a mandated reporter intentionally conceals his or her failure to report an incident known by the mandated reporter to be abuse or severe neglect under this section, the failure to report is a continuing offense until an agency specified in Section 11165.9 discovers the offense.

(d) (1) A clergy member who acquires knowledge or a reasonable suspicion of child abuse or neglect during a penitential communication is not subject to subdivision (a). For the purposes of this subdivision, "penitential communication" means a communication, intended to be in confidence, including, but not limited to, a sacramental confession, made to a clergy member who, in the course of the discipline or practice of his or her church, denomination, or organization, is authorized or accustomed to hear those communications, and under the discipline, tenets, customs, or practices of his or her church, denomination, or organization, has a duty to keep those communications secret.

(2) Nothing in this subdivision shall be construed to modify or limit a clergy member's duty to report known or suspected child abuse or neglect when the clergy member is acting in some other

capacity that would otherwise make the clergy member a mandated reporter.

(3) (A) On or before January 1, 2004, a clergy member or any custodian of records for the clergy member may report to an agency specified in Section 11165.9 that the clergy member or any custodian of records for the clergy member, prior to January 1, 1997, in his or her professional capacity or within the scope of his or her employment, other than during a penitential communication, acquired knowledge or had a reasonable suspicion that a child had been the victim of sexual abuse that the clergy member or any custodian of records for the clergy member did not previously report the abuse to an agency specified in Section 11165.9. The provisions of Section 11172 shall apply to all reports made pursuant to this paragraph.

(B) This paragraph shall apply even if the victim of the known or suspected abuse has reached the age of majority by the time the required report is made.

(C) The local law enforcement agency shall have jurisdiction to investigate any report of child abuse made pursuant to this paragraph even if the report is made after the victim has reached the age of majority.

(e) (1) Any commercial film, photographic print, or image processor who has knowledge of or observes, within the scope of his or her professional capacity or employment, any film, photograph, videotape, negative, slide, or any representation of information, data, or an image, including, but not limited to, any film, filmstrip, photograph, negative, slide, photocopy, videotape, video laser disc, computer hardware, computer software, computer floppy disk, data storage medium, CD-ROM, computer-generated equipment, or computer-generated image depicting a child under 16 years of age engaged in an act of sexual conduct, shall immediately, or as soon as practically possible, telephonically report the instance of suspected abuse to the law enforcement agency located in the county in which the images are seen. Within 36 hours of receiving the information concerning the incident, the reporter shall prepare and send, fax, or electronically transmit a written followup report of the incident with a copy of the image or material attached.

(2) Any commercial computer technician who has knowledge of or observes, within the scope of his or her professional capacity

or employment, any representation of information, data, or an image, including, but not limited, to any computer hardware, computer software, computer file, computer floppy disk, data storage medium, CD-ROM, computer-generated equipment, or computer-generated image that is retrievable in perceivable form and that is intentionally saved, transmitted, or organized on an electronic medium, depicting a child under 16 years of age engaged in an act of sexual conduct, shall immediately, or as soon as practicably possible, telephonically report the instance of suspected abuse to the law enforcement agency located in the county in which the images or material are seen. As soon as practicably possible after receiving the information concerning the incident, the reporter shall prepare and send, fax, or electronically transmit a written followup report of the incident with a brief description of the images or materials.

(3) For purposes of this article, "commercial computer technician" includes an employee designated by an employer to receive reports pursuant to an established reporting process authorized by subparagraph (B) of paragraph (41) of subdivision (a) of Section 11165.7.

(4) As used in this subdivision, "electronic medium" includes, but is not limited to, a recording, CD-ROM, magnetic disk memory, magnetic tape memory, CD, DVD, thumbdrive, or any other computer hardware or media.

(5) As used in this subdivision, "sexual conduct" means any of the following:

(A) Sexual intercourse, including genital-genital, oral-genital, anal-genital, or oral-anal, whether between persons of the same or opposite sex or between humans and animals.

(B) Penetration of the vagina or rectum by any object.

(C) Masturbation for the purpose of sexual stimulation of the viewer.

(D) Sadomasochistic abuse for the purpose of sexual stimulation of the viewer.

(E) Exhibition of the genitals, pubic, or rectal areas of any person for the purpose of sexual stimulation of the viewer.

(f) Any mandated reporter who knows or reasonably suspects that the home or institution in which a child resides is unsuitable for the child because of abuse or neglect of the child shall bring the condition to the attention of the agency to which, and at the

same time as, he or she makes a report of the abuse or neglect pursuant to subdivision (a).

(g) Any other person who has knowledge of or observes a child whom he or she knows or reasonably suspects has been a victim of child abuse or neglect may report the known or suspected instance of child abuse or neglect to an agency specified in Section 11165.9. For purposes of this section, "any other person" includes a mandated reporter who acts in his or her private capacity and not in his or her professional capacity or within the scope of his or her employment.

(h) (1) When two or more health care providers, who are required to report, jointly have knowledge of a known or suspected instance of child abuse or neglect, and when there is agreement among them, the telephone report may be made by a member of the team selected by mutual agreement and a single report may be made and signed by the selected member of the reporting team. Any member who has knowledge that the member designated to report has failed to do so shall thereafter make the report. The person who makes the report pursuant to this subdivision shall provide the names of all other mandated reporters, if known, who have knowledge of known or suspected instances of child abuse or neglect, but he or she shall not be subject to criminal penalties or other sanctions for failing to include one or more names of those persons if his or her failure to do so is accidental or inadvertent.

(2) For purposes of this subdivision, a "health care provider" means any person licensed or certified pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code.

~~(h)~~

(i) (1) The reporting duties under this section are individual, and no supervisor or administrator may impede or inhibit the reporting duties, and no person making a report shall be subject to any sanction for making the report. However, internal procedures to facilitate reporting and apprise supervisors and administrators of reports may be established provided that they are not inconsistent with this article.

(2) The internal procedures shall not require any employee required to make reports pursuant to this article to disclose his or her identity to the employer.

(3) Reporting the information regarding a case of possible child abuse or neglect to an employer, supervisor, school principal, school counselor, coworker, or other person shall not be a substitute for making a mandated report to an agency specified in Section 11165.9.

~~(i)~~

(j) A county probation or welfare department shall immediately, or as soon as practicably possible, report by telephone, fax, or electronic transmission to the law enforcement agency having jurisdiction over the case, to the agency given the responsibility for investigation of cases under Section 300 of the Welfare and Institutions Code, and to the district attorney's office every known or suspected instance of child abuse or neglect, as defined in Section 11165.6, except acts or omissions coming within subdivision (b) of Section 11165.2, or reports made pursuant to Section 11165.13 based on risk to a child which relates solely to the inability of the parent to provide the child with regular care due to the parent's substance abuse, which shall be reported only to the county welfare or probation department. A county probation or welfare department also shall send, fax, or electronically transmit a written report thereof within 36 hours of receiving the information concerning the incident to any agency to which it makes a telephone report under this subdivision.

~~(j)~~

(k) A law enforcement agency shall immediately, or as soon as practicably possible, report by telephone, fax, or electronic transmission to the agency given responsibility for investigation of cases under Section 300 of the Welfare and Institutions Code and to the district attorney's office every known or suspected instance of child abuse or neglect reported to it, except acts or omissions coming within subdivision (b) of Section 11165.2, which shall be reported only to the county welfare or probation department. A law enforcement agency shall report to the county welfare or probation department every known or suspected instance of child abuse or neglect reported to it which is alleged to have occurred as a result of the action of a person responsible for the child's welfare, or as the result of the failure of a person responsible for the child's welfare to adequately protect the minor from abuse when the person responsible for the child's welfare knew or reasonably should have known that the minor was in danger of

abuse. A law enforcement agency also shall send, fax, or electronically transmit a written report thereof within 36 hours of receiving the information concerning the incident to any agency to which it makes a telephone report under this subdivision.

SEC. 2. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

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BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
June 12, 2013

BILL ANALYSIS

AUTHOR:	Medina	**BILL NUMBER:**	AB 1057
SPONSOR:	Medina	**BILL STATUS:**	Senate Committe on Business, Professions & Economic Development
SUBJECT:	Professions and vocations: licenses: military service	**DATE LAST AMENDED:**	4/9/13

SUMMARY:
Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs.

Existing law authorizes a licensee or registrant whose license expired while the licensee or registrant was on active duty as a member of the California National Guard or the United States Armed Forces to, upon application, reinstate his or her license without penalty and without examination, if certain requirements are satisfied, unless the licensing agency determines that the applicant has not actively engaged in the practice of his or her profession while on active duty, as specified.

ANALYSIS:
This bill would require each board to inquire in every application for licensure if the applicant is serving in, or has previously served in, the military.

Amended analysis as of 4/9:
This bill would require each board, *commencing January 1, 2015,* to inquire in every application for licensure if the applicant is serving in, or has previously served in, the military.

BOARD POSITION: Support if amended (4/10)

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Support if amended (5/8)

SUPPORT: None on file

OPPOSE: None on file

AMENDED IN ASSEMBLY APRIL 9, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL No. 1057

Introduced by Assembly Member Medina

February 22, 2013

An act to add Section 114.5 to the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

AB 1057, as amended, Medina. Professions and vocations: licenses: military service.

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law authorizes a licensee or registrant whose license expired while the licensee or registrant was on active duty as a member of the California National Guard or the United States Armed Forces to, upon application, reinstate his or her license without penalty and without examination, if certain requirements are satisfied, unless the licensing agency determines that the applicant has not actively engaged in the practice of his or her profession while on active duty, as specified.

This bill would require each board, *commencing January 1, 2015,* to inquire in every application for licensure if the applicant is serving in, or has previously served in, the military.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

SECTION 1. Section 114.5 is added to the Business and Professions Code, to read:

114.5. ~~Each~~ *Commencing January 1, 2015, each* board shall inquire in every application for licensure if the applicant is serving in, or has previously served in, the military.

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BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
June 12, 2013

BILL ANALYSIS

AUTHOR:	Pavley	**BILL NUMBER:**	SB 352
SPONSOR:	California Academy of Physician Assistants; California Association of Physician Groups	**BILL STATUS:**	Assembly Committee on Business, Professions & Consumer Protection
SUBJECT:	Medical assistants: supervision	**DATE LAST AMENDED:**	4/10/13

SUMMARY:
Existing law authorizes a medical assistant to perform specified services relating to the administration of medication and performance of skin tests and simple routine medical tasks and procedures upon specific authorization from and under the supervision of a licensed physician and surgeon or podiatrist, or in a specified clinic upon specific authorization of a physician assistant, nurse practitioner, or nurse-midwife.

ANALYSIS:
This bill would delete the requirement that the services performed by the medical assistant be in a specified clinic when under the specific authorization of a physician assistant, nurse practitioner, or nurse-midwife. The bill would also delete several obsolete references and make other technical, nonsubstantive changes.

Amended analysis as of 4/10:
This bill would delete the requirement that the services performed by the medical assistant be in a specified clinic when under the specific authorization of a physician assistant, nurse practitioner, or *certified* nurse-midwife. The bill would also delete several obsolete references and make other *conforming,* technical, *and* nonsubstantive changes.

BOARD POSITION: Oppose (4/10)

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:

California Academy of Physician Assistants (co-source)
California Association of Physician Groups (co-source)
California Academy of Family Physicians

California Association for Nurse Practitioners
California Optometric Association
United Nurses Associations of California/Union of Health Care Professionals

OPPOSE:
California Nurses Association

AMENDED IN SENATE APRIL 10, 2013

SENATE BILL No. 352

Introduced by Senator Pavley
(Principal coauthor: Senator Hernandez)

February 20, 2013

An act to amend Section 2069 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 352, as amended, Pavley. Medical assistants: supervision.

Existing law authorizes a medical assistant to perform specified services relating to the administration of medication and performance of skin tests and simple routine medical tasks and procedures upon specific authorization from and under the supervision of a licensed physician and surgeon or podiatrist, or in a specified clinic upon specific authorization of a physician assistant, nurse practitioner, or nurse-midwife. *Existing law requires the Board of Registered Nursing to issue a certificate to practice nurse-midwifery to a qualifying applicant who is licensed pursuant to the Nursing Practice Act.*

This bill would delete the requirement that the services performed by the medical assistant be in a specified clinic when under the specific authorization of a physician assistant, nurse practitioner, or *certified* nurse-midwife. The bill would also delete several obsolete references and make other *conforming,* technical, *and* nonsubstantive changes.

Vote: majority. Appropriation: no. Fiscal committee: no. State-mandated local program: no.

The people of the State of California do enact as follows:

SECTION 1. Section 2069 of the Business and Professions Code is amended to read:

2069. (a) (1) Notwithstanding any other ~~provision of~~ law, a medical assistant may administer medication only by intradermal, subcutaneous, or intramuscular injections and perform skin tests and additional technical supportive services upon the specific authorization and supervision of a licensed physician and surgeon or a licensed podiatrist. A medical assistant may also perform all these tasks and services ~~in a clinic licensed pursuant to subdivision (a) of Section 1204 of the Health and Safety Code~~ upon the specific authorization of a physician assistant, a nurse practitioner, or a *certified* nurse-midwife.

(2) The supervising physician and surgeon ~~at a clinic described in paragraph (1)~~ may, at his or her discretion, in consultation with the nurse practitioner, *certified* nurse-midwife, or physician assistant, provide written instructions to be followed by a medical assistant in the performance of tasks or supportive services. These written instructions may provide that the supervisory function for the medical assistant for these tasks or supportive services may be delegated to the nurse practitioner, *certified* nurse-midwife, or physician assistant within the standardized procedures or protocol, and that tasks may be performed when the supervising physician and surgeon is not onsite, ~~so long as~~ *if either of* the following apply:

(A) The nurse practitioner or *certified* nurse-midwife is functioning pursuant to standardized procedures, as defined by Section 2725, or protocol. The standardized procedures or protocol shall be developed and approved by the supervising physician and ~~surgeon,~~ *surgeon and* the nurse practitioner or *certified* nurse-midwife~~, and the facility administrator or his or her designee~~.

(B) The physician assistant is functioning pursuant to regulated services defined in Section 3502 and is approved to do so by the supervising physician ~~or~~ *and* surgeon.

(b) As used in this section and Sections 2070 and 2071, the following definitions ~~shall~~ apply:

(1) "Medical assistant" means a person who may be unlicensed, who performs basic administrative, clerical, and technical supportive services in compliance with this section and Section 2070 for a licensed physician and surgeon or a licensed podiatrist,

or group thereof, for a medical or podiatry corporation, for a physician assistant, a nurse practitioner, or a *certified* nurse-midwife as provided in subdivision (a), or for a health care service plan, who is at least 18 years of age, and who has had at least the minimum amount of hours of appropriate training pursuant to standards established by the ~~Division of Licensing~~ *board*. The medical assistant shall be issued a certificate by the training institution or instructor indicating satisfactory completion of the required training. A copy of the certificate shall be retained as a record by each employer of the medical assistant.

(2) "Specific authorization" means a specific written order prepared by the supervising physician and surgeon or the supervising podiatrist, or the physician assistant, the nurse practitioner, or the *certified* nurse-midwife as provided in subdivision (a), authorizing the procedures to be performed on a patient, which shall be placed in the patient's medical record, or a standing order prepared by the supervising physician and surgeon or the supervising podiatrist, or the physician assistant, the nurse practitioner, or the *certified* nurse-midwife as provided in subdivision (a), authorizing the procedures to be performed, the duration of which shall be consistent with accepted medical practice. A notation of the standing order shall be placed on the patient's medical record.

(3) "Supervision" means the supervision of procedures authorized by this section by the following practitioners, within the scope of their respective practices, who shall be physically present in the treatment facility during the performance of those procedures:

(A) A licensed physician and surgeon.

(B) A licensed podiatrist.

(C) A physician assistant, nurse practitioner, or *certified* nurse-midwife as provided in subdivision (a).

(4) "Technical supportive services" means simple routine medical tasks and procedures that may be safely performed by a medical assistant who has limited training and who functions under the supervision of a licensed physician and surgeon or a licensed podiatrist, or a physician assistant, a nurse practitioner, or a *certified* nurse-midwife as provided in subdivision (a).

(c) Nothing in this section shall be construed as authorizing ~~the~~ *any of the following:*

(1) The licensure of medical assistants. ~~Nothing in this section shall be construed as authorizing the~~

(2) The administration of local anesthetic agents by a medical assistant. ~~Nothing in this section shall be construed as authorizing the division to~~

(3) The board to adopt any regulations that violate the prohibitions on diagnosis or treatment in Section 2052.

(4) A medical assistant to perform any clinical laboratory test or examination for which he or she is not authorized by Chapter 3 (commencing with Section 1200).

(5) A nurse practitioner, certified nurse-midwife, or physician assistant to be a laboratory director of a clinical laboratory, as those terms are defined in paragraph (8) of subdivision (a) of Section 1206 and subdivision (a) of Section 1209.

(d) Notwithstanding any other ~~provision of~~ law, a medical assistant ~~may~~ *shall* not be employed for inpatient care in a licensed general acute care hospital, as defined in subdivision (a) of Section 1250 of the Health and Safety Code.

~~(e) Nothing in this section shall be construed as authorizing a medical assistant to perform any clinical laboratory test or examination for which he or she is not authorized by Chapter 3 (commencing with Section 1206.5). Nothing in this section shall be construed as authorizing a nurse practitioner, nurse-midwife, or physician assistant to be a laboratory director of a clinical laboratory, as those terms are defined in paragraph (8) of subdivision (a) of Section 1206 and subdivision (a) of Section 1209.~~

~~SECTION 1. Section 2069 of the Business and Professions Code is amended to read:~~

~~2069. (a) (1) Notwithstanding any other law, a medical assistant may administer medication only by intradermal, subcutaneous, or intramuscular injections and perform skin tests and additional technical supportive services upon the specific authorization and supervision of a licensed physician and surgeon or a licensed podiatrist. A medical assistant may also perform all these tasks and services upon the specific authorization of a physician assistant, a nurse practitioner, or a nurse-midwife.~~

~~(2) The supervising physician and surgeon may, at his or her discretion, in consultation with the nurse practitioner, nurse-midwife, or physician assistant, provide written instructions~~

~~to be followed by a medical assistant in the performance of tasks or supportive services. These written instructions may provide that the supervisory function for the medical assistant for these tasks or supportive services may be delegated to the nurse practitioner, nurse-midwife, or physician assistant within the standardized procedures or protocol, and that tasks may be performed when the supervising physician and surgeon is not onsite, if either of the following apply:~~

~~(A) The nurse practitioner or nurse-midwife is functioning pursuant to standardized procedures, as defined by Section 2725, or protocol. The standardized procedures or protocol shall be developed and approved by the supervising physician and surgeon, the nurse practitioner or nurse-midwife, and the facility administrator or his or her designee.~~

~~(B) The physician assistant is functioning pursuant to regulated services defined in Section 3502 and is approved to do so by the supervising physician and surgeon.~~

~~(b) As used in this section and Sections 2070 and 2071, the following definitions apply:~~

~~(1) "Medical assistant" means a person who may be unlicensed, who performs basic administrative, clerical, and technical supportive services in compliance with this section and Section 2070 for a licensed physician and surgeon or a licensed podiatrist, or group thereof, for a medical or podiatry corporation, for a physician assistant, a nurse practitioner, or a nurse-midwife as provided in subdivision (a), or for a health care service plan, who is at least 18 years of age, and who has had at least the minimum amount of hours of appropriate training pursuant to standards established by the board. The medical assistant shall be issued a certificate by the training institution or instructor indicating satisfactory completion of the required training. A copy of the certificate shall be retained as a record by each employer of the medical assistant.~~

~~(2) "Specific authorization" means a specific written order prepared by the supervising physician and surgeon or the supervising podiatrist, or the physician assistant, the nurse practitioner, or the nurse-midwife as provided in subdivision (a), authorizing the procedures to be performed on a patient, which shall be placed in the patient's medical record, or a standing order prepared by the supervising physician and surgeon or the~~

~~supervising podiatrist, or the physician assistant, the nurse practitioner, or the nurse-midwife as provided in subdivision (a), authorizing the procedures to be performed, the duration of which shall be consistent with accepted medical practice. A notation of the standing order shall be placed on the patient's medical record.~~

~~(3) "Supervision" means the supervision of procedures authorized by this section by the following practitioners, within the scope of their respective practices, who shall be physically present in the treatment facility during the performance of those procedures:~~

~~(A) A licensed physician and surgeon.~~

~~(B) A licensed podiatrist.~~

~~(C) A physician assistant, nurse practitioner, or nurse-midwife as provided in subdivision (a).~~

~~(4) "Technical supportive services" means simple routine medical tasks and procedures that may be safely performed by a medical assistant who has limited training and who functions under the supervision of a licensed physician and surgeon or a licensed podiatrist, or a physician assistant, a nurse practitioner, or a nurse-midwife as provided in subdivision (a).~~

~~(c) Nothing in this section shall be construed as authorizing any of the following:~~

~~(1) The licensure of medical assistants.~~

~~(2) The administration of local anesthetic agents by a medical assistant.~~

~~(3) The board to adopt any regulations that violate the prohibitions on diagnosis or treatment in Section 2052.~~

~~(e) Nothing in this section shall be construed as authorizing a medical assistant to perform any clinical laboratory test or examination for which he or she is not authorized by Chapter 3 (commencing with Section 1206.5). Nothing in this section shall be construed as authorizing a nurse practitioner, nurse-midwife, or physician assistant to be a laboratory director of a clinical laboratory, as those terms are defined in paragraph (8) of subdivision (a) of Section 1206 and subdivision (a) of Section 1209.~~

~~(d) Notwithstanding any other law, a medical assistant shall not be employed for inpatient care in a licensed general acute care hospital, as defined in subdivision (a) of Section 1250 of the Health and Safety Code.~~

~~(4) A medical assistant to perform any clinical laboratory test or examination for which he or she is not authorized by Chapter 3 (commencing with Section 1200).~~

~~(5) A nurse practitioner, nurse-midwife, or physician assistant to be a laboratory director of a clinical laboratory, as those terms are defined in paragraph (8) of subdivision (a) of Section 1206 and subdivision (a) of Section 1209.~~

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BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
June 12, 2013

BILL ANALYSIS

AUTHOR: Yee

BILL NUMBER: SB 410

SPONSOR:

BILL STATUS: Committee on Business, Professions, & Economic Development

SUBJECT: Anesthesiologist assistants

DATE LAST AMENDED: 4/30/13

SUMMARY:

Existing law, the Medical Practice Act, provides for the licensure and regulation of physicians and surgeons by the Medical Board of California.

ANALYSIS:

This bill would enact the Anesthesiologist Assistant Practice Act, which would require the licensure and regulation of anesthesiologist assistants by the Medical Board of California and would prescribe the services that may be performed by a radiologist assistant under the supervision of a qualified physician and surgeon.

The bill would make it a crime for a person to practice as an anesthesiologist assistant without a license or for an anesthesiologist assistant to practice outside the scope of his or her practice, as specified, thereby imposing a state-mandated local program.

The bill would require the board to adopt regulations relating to the licensure of radiologist assistants and certification of approved programs by July 1, 2014, and would require the board to commence licensure and certification on that date.

BOARD POSITION:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:

OPPOSE:

AMENDED IN SENATE APRIL 30, 2013

SENATE BILL No. 410

Introduced by Senator Yee

February 20, 2013

An act to ~~amend Section 2241.5~~ *add Chapter 7.75 (commencing with Section 3550) to Division 2* of the Business and Professions Code, relating to ~~medicine~~ *healing arts*.

LEGISLATIVE COUNSEL'S DIGEST

SB 410, as amended, Yee. ~~Health care: controlled substances and dangerous drugs.~~ *Anesthesiologist assistants.*

Existing law, the Medical Practice Act, provides for the licensure and regulation of physicians and surgeons by the Medical Board of California.

This bill would enact the Anesthesiologist Assistant Practice Act, which would require the licensure and regulation of anesthesiologist assistants by the Medical Board of California and would prescribe the services that may be performed by a radiologist assistant under the supervision of a qualified physician and surgeon. The bill would make it a crime for a person to practice as an anesthesiologist assistant without a license or for an anesthesiologist assistant to practice outside the scope of his or her practice, as specified, thereby imposing a state-mandated local program. The bill would require the board to adopt regulations relating to the licensure of radiologist assistants and certification of approved programs by July 1, 2014, and would require the board to commence licensure and certification on that date.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state.

Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

~~Existing law authorizes a physician and surgeon to prescribe for, or dispense or administer to, a person under his or her treatment for a medical condition, drugs or prescription controlled substances for the treatment of pain or a condition causing pain, including intractable pain. Existing law requires the physician and surgeon to exercise reasonable care in determining whether a particular patient or condition, or complexity of the patient's treatment, including, but not limited to, a current or recent pattern of drug abuse, requires consultation with, or referral to, a more qualified specialist.~~

~~This bill would specify that chronic pain is included among the types of pain for which these drugs or substances may be prescribed.~~

Vote: majority. Appropriation: no. Fiscal committee: ~~no~~ *yes*. State-mandated local program: ~~no~~ *yes*.

The people of the State of California do enact as follows:

SECTION 1. Chapter 7.75 (commencing with Section 3550) is added to Division 2 of the Business and Professions Code, to read:

Chapter 7.75. Anesthesiologist Assistants

Article 1. General Provisions

3550. This chapter shall be known and cited as the Anesthesiologist Assistant Practice Act.

3550.5. For the purposes of this chapter, the following definitions shall apply:

(a) "Anesthesiologist" means a physician and surgeon who has completed a residency in anesthesiology approved by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology.

(b) "Anesthesiologist assistant" means a person who meets the requirements of Section 3553 and provides health care services delegated by a licensed anesthesiologist.

(c) "Board" means the Medical Board of California.

3551. Notwithstanding any other law, a licensed anesthesiologist assistant may assist the supervising anesthesiologist in developing and implementing an anesthesia care plan for a patient. In providing assistance to the supervising anesthesiologist, an anesthesiologist assistant may do all of the following:

(a) Obtain a comprehensive patient history, perform relevant elements of a physical examination, and present the patient history to the supervising anesthesiologist.

(b) Pretest and calibrate anesthesia delivery systems and obtain and interpret information from the systems and monitors, in consultation with an anesthesiologist.

(c) Assist the supervising anesthesiologist with the implementation of medically accepted monitoring techniques.

(d) Establish basic and advanced airway interventions, including intubation of the trachea and performing ventilatory support.

(e) Administer intermittent vasoactive drugs and start and adjust vasoactive infusions.

(f) Administer anesthetic drugs, adjuvant drugs, and accessory drugs.

(g) Assist the supervising anesthesiologist with the performance of epidural anesthetic procedures, spinal anesthetic procedures, and other regional anesthetic techniques.

(h) Administer blood, blood products, and supportive fluids.

(i) Provide assistance to a cardiopulmonary resuscitation team in response to a life threatening situation.

(j) Participate in administrative, research, and clinical teaching activities as authorized by the supervising anesthesiologist.

(k) Perform other tasks not prohibited by law under the supervision of a licensed anesthesiologist that an anesthesiologist assistant has been trained and is proficient to perform.

3551.5. The board may adopt, amend, and repeal regulations as may be necessary to enable it to carry into effect this chapter. All regulations shall be in accordance with, and not inconsistent with, this chapter. All regulations shall be adopted, amended, or repealed in accordance with Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

3551.7. No person other than one licensed to practice as an anesthesiologist assistant shall practice as an anesthesiologist

assistant or in a similar capacity to an anesthesiologist or hold himself or herself out as an "anesthesiologist assistant."

Article 2. Licensure

3552. The board shall adopt regulations consistent with this chapter for the consideration of applications for licensure as an anesthesiologist assistant no later than July 1, 2014.

3553. Commencing July 1, 2014, the board shall issue a license to each anesthesiologist assistant applicant who meets each of the following requirements:

(a) Has graduated from an anesthesiologist assistant program accredited by the American Medical Association's Committee on Allied Health Education and Accreditation or by its successor agency.

(b) Has passed the certifying examination administered by the National Commission on Certification of Anesthesiologist Assistants.

(c) Has active certification by the National Commission on Certification of Anesthesiologist Assistants.

Article 3. Penalties

3554. Any person who violates Section 3551.7 shall be guilty of a misdemeanor punishable by imprisonment in a county jail not exceeding six months, or by a fine not exceeding one thousand dollars ($1,000), or by both.

SEC. 2. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

~~SECTION 1. Section 2241.5 of the Business and Professions Code is amended to read:~~

~~2241.5. (a) A physician and surgeon may prescribe for, or dispense or administer to, a person under his or her treatment for~~

~~a medical condition dangerous drugs or prescription controlled substances for the treatment of pain or a condition causing pain, including, but not limited to, chronic pain or intractable pain.~~

~~(b) No physician and surgeon shall be subject to disciplinary action for prescribing, dispensing, or administering dangerous drugs or prescription controlled substances in accordance with this section.~~

~~(c) This section shall not affect the power of the board to take any action described in Section 2227 against a physician and surgeon who does any of the following:~~

~~(1) Violates subdivision (b), (c), or (d) of Section 2234 regarding gross negligence, repeated negligent acts, or incompetence.~~

~~(2) Violates Section 2241 regarding treatment of an addict.~~

~~(3) Violates Section 2242 regarding performing an appropriate prior examination and the existence of a medical indication for prescribing, dispensing, or furnishing dangerous drugs.~~

~~(4) Violates Section 2242.1 regarding prescribing on the Internet.~~

~~(5) Fails to keep complete and accurate records of purchases and disposals of substances listed in the California Uniform Controlled Substances Act (Division 10 (commencing with Section 11000) of the Health and Safety Code) or controlled substances scheduled in the federal Comprehensive Drug Abuse Prevention and Control Act of 1970 (21 U.S.C. Sec. 801 et seq.), or pursuant to the federal Comprehensive Drug Abuse Prevention and Control Act of 1970. A physician and surgeon shall keep records of his or her purchases and disposals of these controlled substances or dangerous drugs, including the date of purchase, the date and records of the sale or disposal of the drugs by the physician and surgeon, the name and address of the person receiving the drugs, and the reason for the disposal or the dispensing of the drugs to the person, and shall otherwise comply with all state recordkeeping requirements for controlled substances.~~

~~(6) Writes false or fictitious prescriptions for controlled substances listed in the California Uniform Controlled Substances Act or scheduled in the federal Comprehensive Drug Abuse Prevention and Control Act of 1970.~~

~~(7) Prescribes, administers, or dispenses in violation of this chapter, or in violation of Chapter 4 (commencing with Section 11150) or Chapter 5 (commencing with Section 11210) of Division 10 of the Health and Safety Code.~~

~~(d) A physician and surgeon shall exercise reasonable care in determining whether a particular patient or condition, or the complexity of a patient's treatment, including, but not limited to, a current or recent pattern of drug abuse, requires consultation with, or referral to, a more qualified specialist.~~

~~(e) Nothing in this section shall prohibit the governing body of a hospital from taking disciplinary actions against a physician and surgeon pursuant to Sections 809.05, 809.4, and 809.5.~~

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BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
June 12, 2013

BILL ANALYSIS

AUTHOR:	Wright	**BILL NUMBER:**	SB 430
SPONSOR:	California Teachers Association	**BILL STATUS:**	Assembly
SUBJECT:	Pupil health: vision appraisal: binocular function	**DATE LAST AMENDED:**	4/18/13

SUMMARY:
Existing law requires, upon first enrollment in a California school district of a child at a California elementary school, and at least every 3rd year thereafter until the child has completed the 8th grade, the child's vision to be appraised by the school nurse or other authorized person, as specified. Existing law requires this appraisal to include tests for visual acuity and color vision.

ANALYSIS:
This bill would require the appraisal to also include a test for binocular function. The bill would provide that the binocular function appraisal need not begin until the pupil has reached the 3rd grade and would authorize the binocular function appraisal to include a validated symptom survey, as specified.

AMENDED ANALYSIS as of 4/18:
Reflects nonsubstantive changes.

BOARD POSITION: Watch (4/10)

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Watch (5/8)

SUPPORT:
California Teachers Association
Congress of Racial Equality of California
Hales Corners Lutheran Church and Schools
Small School Districts' Association
Individuals
Advancement Project
California Federation of Teachers
California Pan-Ethnic Health Network
California Teachers Association
Compton Unified School District
Congress of Racial Equality of California
Disability Rights of California

Hales Corners/Luthern Church and Schools
Hintha Consultant Company
Los Angeles Tenth District PTSA
Los Angeles Unified School District
Small School District's Association
The Willie L. Brown Jr. Institute

OPPOSE:
American Academy of Pediatrics
California School Nurses Association

AMENDED IN SENATE APRIL 18, 2013

SENATE BILL No. 430

Introduced by Senator Wright
(Coauthor: Senator Hancock)
(~~Coauthor: Assembly Member~~*Coauthors: Assembly Members* Mitchell *and John A. Pérez*)

February 21, 2013

An act to amend Section 49455 of the Education Code, relating to pupil health.

LEGISLATIVE COUNSEL'S DIGEST

SB 430, as amended, Wright. Pupil health: vision appraisal: binocular function.

Existing law requires, upon first enrollment in a California school district of a child at a California elementary school, and at least every 3rd year thereafter until the child has completed the 8th grade, the child's vision to be appraised by the school nurse or other authorized person, as specified. Existing law requires this appraisal to include tests for visual acuity and color vision.

This bill would require the appraisal to also include a *screening* test for binocular function. The bill would provide that the binocular function appraisal need not begin until the pupil has reached the 3rd grade and would authorize the binocular function appraisal to include a validated symptom survey, as specified. By requiring a school nurse or other authorized person to test for binocular function, the bill would impose a state-mandated local program.

This bill would also make nonsubstantive changes to this provision.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.

The people of the State of California do enact as follows:

SECTION 1. Section 49455 of the Education Code is amended to read:

49455. (a) Upon first enrollment in a California school district of a pupil at a California elementary school, and at least every third year thereafter until the pupil has completed the 8th grade, the pupil's vision shall be appraised by the school nurse or other authorized person under Section 49452. This appraisal shall include *screening* tests for visual acuity, binocular function, and color vision; however, color vision shall be appraised once and only on male pupils, and the results of the appraisal shall be entered in the health record of the pupil. Color vision appraisal need not begin until the male pupil has reached the first grade. Binocular function appraisal need not begin until the pupil has reached the ~~3rd~~ *third* grade. Gross external observation of the pupil's eyes, visual performance, and perception shall be done by the school nurse and the classroom teacher. The appraisal may be waived, if the pupil's parents so desire, by their presenting of a certificate from a physician and surgeon, a physician assistant practicing in compliance with Chapter 7.7 (commencing with Section 3500) of Division 2 of the Business and Professions Code, or an optometrist setting out the results of a determination of the pupil's vision, including visual acuity, binocular function, and color vision.

(b) This section shall not apply to a pupil whose parents or guardian file with the principal of the school in which the pupil is enrolling, a statement in writing that they adhere to the faith or teachings of any well-recognized religious sect, denomination, or organization and in accordance with its creed, tenets, or principles depend for healing upon prayer in the practice of their religion.

(c) The binocular function appraisal required by subdivision (a) may include a validated symptom survey developed during a National Institute of ~~Health~~ *Health's* clinical trial and published for use in the public domain.

SEC. 2. If the Commission on State Mandates determines that this act contains costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code.

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BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
June 12, 2013

BILL ANALYSIS

AUTHOR:	Padilla	**BILL NUMBER:**	SB 440
SPONSOR:	Padilla	**BILL STATUS:**	Assembly
SUBJECT:	Public postsecondary education: Student Transfer Achievement Reform Act	**DATE LAST AMENDED:**	5/24/13

SUMMARY:
(1) Existing law establishes the California Community Colleges and the California State University as 2 of the segments of public postsecondary education in this state. Existing law, the Student Transfer Achievement Reform Act (act), encourages community colleges to facilitate the acceptance of credits earned at other community colleges toward the associate degree for transfer. The act also requires the California State University to guarantee admission with junior status to a community college student who meets the requirements for the associate degree for transfer. A student admitted to the California State University pursuant to the act is entitled to receive priority over all other community college transfer students, excluding community college students who have entered into a transfer agreement between a community college and the California State University prior to the fall term of the 2012–13 academic year.

ANALYSIS:
This bill would express the finding and declaration of the Legislature that intersegmental faculty of the California Community Colleges and the California State University have developed transfer model curricula in many of the most commonly transferred majors between the 2 segments. The bill would express the intent of the Legislature to endorse and encourage the use of transfer model curricula as the preferred basis for associate degrees for transfer and the development of community college areas of emphasis that articulate with the 25 most popular majors for transfer students. The bill would require community college districts to create an associate degree for transfer in every major offered by that district that has an approved transfer model curriculum before the commencement of the 2014-15 academic year, thereby imposing a state-mandated local program.
The bill would require California State University campuses to accept transfer model curriculum-aligned associate degrees for transfer in each of the California State University degree options, as defined, within a major field.
(2) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.
This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

Amended analysis of 4/25:
This bill amendment would require a community college, before the commencement of the 2016-17 academic year, to create an associate degree for transfer in every major and to require that the

CSU accept these degrees, and develop an admission redirection process for students who complete these degrees but are denied admission to the CSU campus to which they have applied.

Amended analysis of 5/24:
This bill amendment would add
(b) Information on the pathway prominently displayed in all community college counseling offices and transfer centers.
(c) Associate degree for transfer pathway information provided to all first-year community college students developing an education plan to aid them in making informed educational choices.
(d) Targeted outreach to first-year students through campus orientations and existing student support services programs (federal TRIO programs), including, but not necessarily limited to, First-Generation Experience, Mesa, and Puente.
to the student-centered communication and marketing strategies to increase the visibility of the associate degree for transfer pathway for all students in California.

BOARD POSITION: Watch (4/10)

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Support (5/8)

SUPPORT:
Alliance for College Ready Public Schools
Campaign for College Opportunity
California Communities United Institute
Hispanas Organized for Political Equality's (HOPE)
Mexican American Legal Defense & Educational Fund (MALDEF)
Partnership Scholars Program

OPPOSE:
None on file

AMENDED IN SENATE MAY 24, 2013

AMENDED IN SENATE APRIL 25, 2013

SENATE BILL No. 440

Introduced by Senator Padilla

February 21, 2013

An act to amend Sections 66746 and 66747 of, and to add Section 66748.5 to, the Education Code, relating to public postsecondary education.

LEGISLATIVE COUNSEL'S DIGEST

SB 440, as amended, Padilla. Public postsecondary education: Student Transfer Achievement Reform Act.

(1) Existing law establishes the California Community Colleges and the California State University as 2 of the segments of public postsecondary education in this state. Existing law, the Student Transfer Achievement Reform Act, encourages community colleges to facilitate the acceptance of credits earned at other community colleges toward the associate degree for transfer. The act also requires the California State University to guarantee admission with junior status to a community college student who meets the requirements for the associate degree for transfer. A student admitted to the California State University pursuant to the act is entitled to receive priority over all other community college transfer students, excluding community college students who have entered into a transfer agreement between a community college and the California State University prior to the fall term of the 2012–13 academic year.

This bill would express findings and declarations of the Legislature relating to timely progression from lower division coursework to degree completion. The bill would require community colleges to create an

associate degree for transfer in every major offered by that college that has an approved transfer model curriculum before the commencement of the 2014–15 academic year, and to create an associate degree for transfer in specified areas of emphasis before the commencement of the 2016–17 academic year, thereby imposing a state-mandated local program.

The bill would require California State University campuses to accept transfer model curriculum-aligned associate degrees for transfer in each of the California State University degree options, as defined, within a major field, and accept transfer model curriculum-aligned associate degrees for transfer in each of the specified areas of emphasis referenced above. The bill would require the California State University to develop an admissions redirection process for students admitted pursuant to the Student Transfer Achievement Reform Act who apply for admission to the California State University, but are not accepted into the campuses specifically applied to.

The bill would require the California Community Colleges and the California State University, in consultation with specified parties, to develop a student-centered communication and marketing strategy in order to increase the visibility of the associate degree for transfer pathway for all students in California. To the extent that this provision would create new duties for community college districts, it would constitute a state-mandated local program.

(2) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.

The people of the State of California do enact as follows:

SECTION 1. The Legislature finds and declares all of the following:

(a) Since the enactment of the 1960 Master Plan for Higher Education, preparing students to transfer to a four-year university has been a core function of the California Community Colleges.

(b) Successful and timely progression from lower division coursework to degree completion is a basic principle of California higher education and is critical to the future of the state's economy.

(c) The Public Policy Institute of California projects that California's workforce will have one million fewer graduates than it needs in 2025, and that increasing transfer rates from community colleges to four-year postsecondary educational institutions could dramatically reduce the education skills gap.

(d) Today, one in every four jobs requires an associate degree or higher. In the near future, one in every three jobs will require an associate degree or higher.

(e) The size of the California Community Colleges and the California State University systems, which have the largest share of postsecondary students in the nation, allow the state to address the serious projected shortage of educated workers.

(f) To meet workforce demands in a cost-effective way, it is critical that we significantly increase the number of students obtaining an associate degree while preparing for transfer to a four-year college or university.

(g) Although the community college and state university segments have undertaken tremendous efforts to institute the new transfer pathway, current implementation efforts of Sections 66746 and 66747 of the Education Code alone are insufficient to ensure that the associate degree for transfer becomes the preferred transfer pathway for all students across the state.

SEC. 2. Section 66746 of the Education Code is amended to read:

66746. (a) Commencing with the fall term of the 2011–12 academic year, a student who earns an associate degree for transfer granted pursuant to subdivision (b) shall be deemed eligible for transfer into a California State University baccalaureate program when the student meets both of the following requirements:

(1) Completion of 60 semester units or 90 quarter units that are eligible for transfer to the California State University, including both of the following:

(A) The Intersegmental General Education Transfer Curriculum (IGETC) or the California State University General Education-Breadth Requirements.

(B) A minimum of 18 semester units or 27 quarter units in a major or area of emphasis, as determined by the community college district.

(2) Obtainment of a minimum grade point average of 2.0.

(b) (1) (A) As a condition of receipt of state apportionment funds, a community college district shall develop and grant associate degrees for transfer that meet the requirements of subdivision (a). A community college district shall not impose any requirements in addition to the requirements of this section, including any local college or district requirements, for a student to be eligible for the associate degree for transfer and subsequent admission to the California State University pursuant to Section 66747.

(B) A community college shall, before the commencement of the 2014–15 academic year, create an associate degree for transfer in every major offered by that college that has an approved transfer model curriculum.

(C) A community college shall, before the commencement of the 2016–17 academic year, create an associate degree for transfer in areas of emphasis for disciplines including, but not necessarily limited to, all of the following:

(i) Applied sciences.

(ii) Formal sciences.

(iii) Humanities.

(iv) Natural sciences.

(v) Social sciences.

(2) The condition of receipt of state apportionment funding contained in paragraph (1) shall become inoperative if, by December 31, 2010, each of the state's 72 community college districts has submitted to the Chancellor of the California Community Colleges, for transmission to the Director of Finance, signed certification waiving, as a local agency request within the meaning of paragraph (1) of subdivision (a) of Section 6 of Article XIIIB of the California Constitution, any claim of reimbursement related to the implementation of this article.

(c) A community college district is encouraged to consider the local articulation agreements and other work between the respective faculties from the affected community college and California State University campuses in implementing the requirements of this section.

(d) Community colleges are encouraged to facilitate the acceptance of credits earned at other community colleges toward the associate degree for transfer pursuant to this section.

(e) This section shall not preclude students who are assessed below collegiate level from acquiring remedial noncollegiate level coursework in preparation for obtaining the associate degree. Remedial noncollegiate level coursework shall not be counted as part of the transferable units required pursuant to paragraph (1) of subdivision (a).

SEC. 3. Section 66747 of the Education Code is amended to read:

66747. (a) (1) Notwithstanding Chapter 4 (commencing with Section 66201), the California State University shall guarantee admission with junior status to any community college student who meets all of the requirements of Section 66746. Admission to the California State University, as provided under this article, does not guarantee admission for specific majors or campuses. Notwithstanding Chapter 4 (commencing with Section 66201), the California State University shall grant a student priority admission to his or her local California State University campus and to a program or major that is similar to his or her community college major or area of emphasis, as determined by the California State University campus to which the student is admitted. A California State University campus shall accept transfer model curriculum-aligned associate degrees for transfer in each of the California State University degree options within a major field. The California State University shall accept transfer model curriculum-aligned associate degrees for transfer in each of the areas of emphasis listed in subparagraph (C) of paragraph (1) of subdivision (b) of Section 66746.

(2) As used in this section, a “degree option” is an area of specialization within a degree program.

(b) A student admitted under this article shall receive priority over all other community college transfer students, in accordance with subdivision (b) of Section 66202, excluding community college students who have entered into a transfer agreement between a community college and the California State University prior to the fall term of the 2012–13 academic year. A student admitted pursuant to this article shall have met the requirements

of an approved transfer agreement consistent with subdivision (a) of Section 66202.

(c) The California State University shall develop an admissions redirection process for students admitted under this article who apply for admission to the California State University, but are not accepted into the California State University campuses specifically applied to. This process shall be aligned with the guaranteed admission into the California State University system under subdivision (a).

SEC. 4. Section 66748.5 is added to the Education Code, to read:

66748.5. The California Community Colleges and the California State University, in consultation with students, faculty, student service administrators, the State Department of Education, the California Education Round Table, and other key stakeholders, shall develop a student-centered communication and marketing strategy in order to increase the visibility of the associate degree for transfer pathway for all students in California that includes, but is not necessarily limited to, all of the following:

(a) Outreach to high schools.

~~(b) Posters, banners, and marquees displayed at all community colleges and transfer centers.~~

~~(c) Radio advertisements.~~

~~(d) Outreach materials to students considering attending the California State University as first-year students.~~

(b) Information on the pathway prominently displayed in all community college counseling offices and transfer centers.

(c) Associate degree for transfer pathway information provided to all first-year community college students developing an education plan to aid them in making informed educational choices.

(d) Targeted outreach to first-year students through campus orientations and existing student support services programs (federal TRIO programs), including, but not necessarily limited to, First-Generation Experience, Mesa, and Puente.

(e) Information prominently displayed in community college course catalogs.

(f) Information prominently displayed on the Internet Web sites of each community college, each campus of the California State University, and on the CaliforniaColleges.edu Internet Web site.

SEC. 5. If the Commission on State Mandates determines that this act contains costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code.

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BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
June 12, 2013

BILL ANALYSIS

AUTHOR:	Hernandez, E.	**BILL NUMBER:**	SB 491
SPONSOR:	Hernandez, E.	**BILL STATUS:**	Assembly
SUBJECT:	Nurse Practitioners	**DATE LAST AMENDED:**	5/21/13

SUMMARY:
Existing law declares the findings of the Legislature that the public is harmed by conflicting usage of the title of nurse practitioner and lack of correspondence between use of the title and qualifications of the registered nurse using the title.

ANALYSIS:
This bill would make a nonsubstantive change to this declaration.

Amended analysis as of 4/1:
This bill would revise these provisions [regarding the licensure and regulation of nurse practitioners by the Board of Registered Nursing] by deleting the requirement that those acts be performed pursuant to a standardized procedure or in consultation with a physician and surgeon. The bill would also authorize a nurse practitioner to perform specified additional acts, including, among others, diagnosing patients, performing therapeutic procedures, and prescribing drugs and devices. The bill would require that, on and after July 1, 2016, an applicant for initial qualification or certification as a nurse practitioner hold a national certification as a nurse practitioner from a national certifying body recognized by the board.

Amended analysis as of 4/16:
The bill would also authorize a nurse practitioner to perform specified additional acts, including, among others, diagnosing patients, performing therapeutic procedures, *examining patients and establishing a medical diagnosis* and prescribing drugs and devices. The bill would require that, on and after July 1, 2016, an applicant for initial qualification or certification as a nurse practitioner hold a national certification as a nurse practitioner from a national certifying body recognized by the board.

Amended analysis as of 5/1:
This bill amendment would provide for the nurse practitioner to delegate task to medical assistants pursuant to standardized procedures and protocols developed by the nurse practitioner and medical assistant that are within the medical assistant's scope of practice.

Amended analysis as of 5/21:
This bill revised three provisions to now read:

(7) ~~Examine patients and establish a medical~~ *Establish a physical* diagnosis by client history, physical examination, and other criteria, *consistent with this section*.

(b) A nurse practitioner shall refer a patient to a physician or another licensed health care provider if the referral will protect the health and welfare of the patient, and shall consult with a physician or other licensed health care provider if a situation or condition ~~occurs in a patient that~~ *of a patient* is beyond the nurse practitioner's ~~knowledge and experience~~ *education, training, or certification.*

(c) A nurse practitioner shall maintain ~~medical malpractice~~ professional liability insurance *that is appropriate for his or her practice setting*.

BOARD POSITION:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Watch (5/8)

SUPPORT:

AARP
Association of California Healthcare Districts
Blue Shield of California
C.W. Brower, Inc. (Modesto)
California Association for Nurse Practitioners
California Association of Nurse Anesthetists
California Association of Physician Groups
California Hospital Association
California Nurse-Midwives Association
California Optometric Association
California Pharmacists Association/California Society of Health-System Pharmacists
Californians for Patient Care
Ceres Department of Public Safety
Indiana State University College of Nursing, Health and Human Services
Latino Community Roundtable
NAACP
National Asian American Coalition
National Association of Pediatric Nurse Practitioners
United Nurses Associations of California/Union of Health Care Professionals
University of California
Western University of Health Sciences

OPPOSE:
American Academy of Pediatrics, California
American College of Emergency Physicians - California Chapter
California Academy of Eye Physicians & Surgeons
California Academy of Family Physicians
California Medical Association

California Psychiatric Association
California Right to Life Committee, Inc.
California Society of Anesthesiologists
Canvasback Missions Inc.
Lighthouse for Christ Mission Eye Center
Medical Board of California
Osteopathic Physicians and Surgeons of California
Union of American Physicians and Dentists

AMENDED IN SENATE MAY 21, 2013

AMENDED IN SENATE MAY 1, 2013

AMENDED IN SENATE APRIL 16, 2013

AMENDED IN SENATE APRIL 1, 2013

SENATE BILL No. 491

Introduced by Senator Hernandez

February 21, 2013

An act to amend Sections 2835.5, 2835.7, 2836.1, 2836.2, and 2836.3 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 491, as amended, Hernandez. Nurse practitioners.

Existing law, the Nursing Practice Act, provides for the licensure and regulation of nurse practitioners by the Board of Registered Nursing. Existing law requires an applicant for initial qualification or certification as a nurse practitioner who has never been qualified or certified as a nurse practitioner in California or in any other state to meet specified requirements, including possessing a master's degree in nursing, a master's degree in a clinical field related to nursing, or a graduate degree in nursing, and to have satisfactorily completed a nurse practitioner program approved by the board. Existing law authorizes the implementation of standardized procedures that authorize a nurse practitioner to perform certain acts, including, among others, ordering durable medical equipment, and, in consultation with a physician and surgeon, approving, signing, modifying, or adding to a plan of treatment or plan for an individual receiving home health services or personal care services.

This bill would revise these provisions by deleting the requirement that those acts be performed pursuant to a standardized procedure or in consultation with a physician and surgeon. The bill would also authorize a nurse practitioner to perform specified additional acts, including, among others, ~~examining patients and~~ establishing ~~a medical diagnosis~~ *physical diagnoses* and prescribing drugs and devices. The bill would require that, on and after July 1, 2016, an applicant for initial qualification or certification as a nurse practitioner hold a national certification as a nurse practitioner from a national certifying body recognized by the board.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

SECTION 1. The Legislature finds and declares all of the following:

(a) Nurse practitioners are a longstanding, vital, safe, effective, and important part of the state's health care delivery system. They are especially important given California's shortage of physicians, with just 16 of 58 counties having the federally recommended ratio of physicians to residents.

(b) Nurse practitioners will play an especially important part in the implementation of the federal Patient Protection and Affordable Care Act, which will bring an estimated five million more Californians into the health care delivery system, because they will provide for greater access to primary care services in all areas of the state. This is particularly true for patients in medically underserved urban and rural communities.

(c) Due to the excellent safety and efficacy record that nurse practitioners have earned, the Institute of Medicine of the National Academy of Sciences has recommended full independent practice for nurse practitioners. Currently, 17 states allow nurse practitioners to practice to the full extent of their training and education with independent practice.

(d) Furthermore, nurse practitioners will assist in addressing the primary care provider shortage by removing delays in the provision of care that are created when dated regulations require a physician's signature or protocol before a patient can initiate

treatment or obtain diagnostic tests that are ordered by a nurse practitioner.

SEC. 2. Section 2835.5 of the Business and Professions Code is amended to read:

2835.5. (a) A registered nurse who is holding himself or herself out as a nurse practitioner or who desires to hold himself or herself out as a nurse practitioner shall, within the time prescribed by the board and prior to his or her next license renewal or the issuance of an initial license, submit educational, experience, and other credentials and information as the board may require for it to determine that the person qualifies to use the title "nurse practitioner," pursuant to the standards and qualifications established by the board.

(b) Upon finding that a person is qualified to hold himself or herself out as a nurse practitioner, the board shall appropriately indicate on the license issued or renewed, that the person is qualified to use the title "nurse practitioner." The board shall also issue to each qualified person a certificate evidencing that the person is qualified to use the title "nurse practitioner."

(c) A person who has been found to be qualified by the board to use the title "nurse practitioner" prior to January 1, 2005, shall not be required to submit any further qualifications or information to the board and shall be deemed to have met the requirements of this section.

(d) On and after January 1, 2008, an applicant for initial qualification or certification as a nurse practitioner under this article who has not been qualified or certified as a nurse practitioner in California or any other state shall meet the following requirements:

(1) Hold a valid and active registered nursing license issued under this chapter.

(2) Possess a master's degree in nursing, a master's degree in a clinical field related to nursing, or a graduate degree in nursing.

(3) Satisfactorily complete a nurse practitioner program approved by the board.

(e) On and after July 1, 2016, an applicant for initial qualification or certification as a nurse practitioner shall, in addition, hold a national certification as a nurse practitioner from a national certifying body recognized by the board.

SEC. 3. Section 2835.7 of the Business and Professions Code is amended to read:

2835.7. (a) Notwithstanding any other law, in addition to any other practices authorized in statute or regulation, a nurse practitioner may do any of the following:

(1) Order durable medical equipment. Notwithstanding that authority, nothing in this paragraph shall operate to limit the ability of a third-party payer to require prior approval.

(2) After performance of a physical examination by the nurse practitioner, certify disability pursuant to Section 2708 of the Unemployment Insurance Code.

(3) For individuals receiving home health services or personal care services, approve, sign, modify, or add to a plan of treatment or plan of care.

(4) Assess patients, synthesize and analyze data, and apply principles of health care.

(5) Manage the physical and psychosocial health status of patients.

(6) Analyze multiple sources of data, identify alternative possibilities as to the nature of a health care problem, and select, implement, and evaluate appropriate treatment.

(7) ~~Examine patients and establish a medical~~ *Establish a physical* diagnosis by client history, physical examination, and other criteria*, consistent with this section*.

(8) Order, furnish, or prescribe drugs or devices pursuant to Section 2836.1.

(9) Refer patients to other health care providers as provided in subdivision (b).

(10) Delegate tasks to a medical assistant pursuant to standardized procedures and protocols developed by the nurse practitioner and medical assistant, that are within the medical assistant's scope of practice.

(11) Perform additional acts that require education and training and that are recognized by the nursing profession as proper to be performed by a nurse practitioner.

(12) Order hospice care as appropriate.

(13) Perform procedures that are necessary and consistent with the nurse practitioner's scope of practice.

(b) A nurse practitioner shall refer a patient to a physician or another licensed health care provider if the referral will protect the health and welfare of the patient, and shall consult with a physician or other licensed health care provider if a situation or condition

~~occurs in a patient that~~ *of a patient* is beyond the nurse practitioner's ~~knowledge and experience~~ *education, training, or certification*.

(c) A nurse practitioner shall maintain ~~medical malpractice~~ *professional liability* insurance *that is appropriate for his or her practice setting*.

SEC. 4. Section 2836.1 of the Business and Professions Code is amended to read:

2836.1. (a) Neither this chapter nor any other provision of law shall be construed to prohibit a nurse practitioner from furnishing, ordering, or prescribing drugs or devices when both of the following apply:

(1) The drugs or devices that are furnished, ordered, or prescribed are consistent with the practitioner's educational preparation or for which clinical competency has been established and maintained.

(2) (A) The board has certified in accordance with Section 2836.3 that the nurse practitioner has satisfactorily completed a course in pharmacology covering the drugs or devices to be furnished, ordered, or prescribed under this section.

(B) Nurse practitioners who are certified by the board and hold an active furnishing number and who are registered with the United States Drug Enforcement Administration, shall complete, as part of their continuing education requirements, a course including Schedule II controlled substances based on the standards developed by the board. The board shall establish the requirements for satisfactory completion of this subdivision.

(b) A nurse practitioner shall not furnish, order, or prescribe a dangerous drug, as defined in Section 4022, without an appropriate prior examination and a medical indication, unless one of the following applies:

(1) The nurse practitioner was a designated practitioner serving in the absence of the patient's physician and surgeon, podiatrist, or nurse practitioner, as the case may be, and if the drugs were prescribed, dispensed, or furnished only as necessary to maintain the patient until the return of his or her practitioner, but in any case no longer than 72 hours.

(2) The nurse practitioner transmitted the order for the drugs to a registered nurse or to a licensed vocational nurse in an inpatient facility, and if both of the following conditions exist:

(A) The nurse practitioner had consulted with the registered nurse or licensed vocational nurse who had reviewed the patient's records.

(B) The nurse practitioner was designated as the practitioner to serve in the absence of the patient's physician and surgeon, podiatrist, or nurse practitioner, as the case may be.

(3) The nurse practitioner was a designated practitioner serving in the absence of the patient's physician and surgeon, podiatrist, or nurse practitioner, as the case may be, and was in possession of or had utilized the patient's records and ordered the renewal of a medically indicated prescription for an amount not exceeding the original prescription in strength or amount or for more than one refill.

(4) The licensee was acting in accordance with subdivision (b) of Section 120582 of the Health and Safety Code.

(c) Use of the term "furnishing" in this section, in health facilities defined in Section 1250 of the Health and Safety Code, shall include the ordering of a drug or device.

(d) "Drug order" or "order" for purposes of this section means an order for medication which is dispensed to or for an ultimate user, issued by a nurse practitioner as an individual practitioner, within the meaning of Section 1306.02 of Title 21 of the Code of Federal Regulations. Notwithstanding any other provision of law, (1) all references to "prescription" in this code and the Health and Safety Code shall include drug orders issued by nurse practitioners; and (2) the signature of a nurse practitioner on a drug order issued in accordance with this section shall be deemed to be the signature of a prescriber for purposes of this code and the Health and Safety Code.

SEC. 5. Section 2836.2 of the Business and Professions Code is amended to read:

2836.2. All nurse practitioners who are authorized pursuant to Section 2836.1 to prescribe, furnish, or issue drug orders for controlled substances shall register with the United States Drug Enforcement Administration.

SEC. 6. Section 2836.3 of the Business and Professions Code is amended to read:

2836.3. (a) The furnishing of drugs or devices by nurse practitioners is conditional on issuance by the board of a number to the nurse applicant who has successfully completed the

requirements of paragraph (2) of subdivision ~~(b)~~ *(a)* of Section 2836.1. The number shall be included on all transmittals of orders for drugs or devices by the nurse practitioner. The board shall make the list of numbers issued available to the *California State* Board of Pharmacy. The board may charge the applicant a fee to cover all necessary costs to implement this section.

(b) The number shall be renewable at the time of the applicant's registered nurse license renewal.

(c) The board may revoke, suspend, or deny issuance of the numbers for incompetence or gross negligence in the performance of functions specified in Sections 2836.1 and 2836.2.

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BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
June 12, 2013

BILL ANALYSIS

AUTHOR:	Yee	**BILL NUMBER:**	SB 718
SPONSOR:	California Nurses Association	**BILL STATUS:**	Assembly
SUBJECT:	Hospitals: workplace violence prevention plan	**DATE LAST AMENDED:**	5/15/13

SUMMARY:
Existing law regulates the operation of health facilities, including hospitals.
Existing law, the California Occupational Safety and Health Act of 1973, imposes safety responsibilities on employers and employees, including the requirement that an employer establish, implement, and maintain an effective injury prevention program, and makes specified violation of these provisions a crime.

ANALYSIS:
This bill would require a hospital, as specified, as a part of its injury prevention program and in conjunction with affected employees, to adopt a workplace violence prevention plan designed to protect health care workers, other facility personnel, patients, and visitors from aggressive or violent behavior. As part of that plan, the bill would require a hospital to adopt safety and security policies, including, among others, a system for the reporting to the Division of Occupational Safety and Health of any incident of assault, as defined, or battery, as defined, against a hospital employee or patient, as specified. The bill would further require all medical staff and health care workers who provide direct care to patients to receive, at least annually, workplace violence prevention education and training, as specified. The bill would prohibit a hospital from preventing an employee from, or taking punitive or retaliatory action against an employee for, seeking assistance and intervention from local emergency services or law enforcement for a violent incident. The bill would also require a hospital to provide evaluation and treatment, as specified, for an employee who is injured or is otherwise a victim of a violent incident.
The bill would require a hospital to report to the division any incident of assault, as defined, or battery, as defined, against a hospital employee or patient, as specified, and would authorize the division to assess a civil penalty against a hospital for failure to report an incident, as specified. The bill would further require the division to report to the relevant fiscal and policy committees of the Legislature information regarding incidents of violence at hospitals, as specified.

Amended analysis as of 4/4:
The bill would require a hospital to document and keep for 5 years a written record of all violent incidents against a hospital employee, as defined, and to report to the division any violent incident, as specified. The bill would also authorize the division to assess a civil penalty against a hospital for failure to report a violent incident, as specified. The bill would further require the division to report to the relevant fiscal and policy committees of the Legislature information regarding violent incidents at hospitals, as specified, and to develop regulations implementing these provisions by January 1, 2015.

Amended analysis as of 5/15:
This bill would exclude the State Department of State Hospitals, the State Department of Developmental Services, and the Department of Corrections and Rehabilitation from the hospitals to which the bill applies.

BOARD POSITION: Support (4/10)

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Support (5/8)

SUPPORT:
California Nurses Association
California Association of Psychiatric Technicians
California Labor Federation
Consumer Attorneys of California
Employment Law Center
Legal Aid Society
National Association of Social Workers - California Chapter
United Nurses Association of California/Union of Health Care Professionals

OPPOSE:
Association of California Healthcare Districts
California Association of Joint Powers Authorities
California Hospital Association
Tenet Healthcare Corporation

AMENDED IN SENATE MAY 15, 2013

AMENDED IN SENATE APRIL 4, 2013

SENATE BILL No. 718

Introduced by Senator Yee

February 22, 2013

An act to add Section 6401.8 to the Labor Code, relating to employment safety.

LEGISLATIVE COUNSEL'S DIGEST

SB 718, as amended, Yee. Hospitals: workplace violence prevention plan.

Existing law regulates the operation of health facilities, including hospitals.

Existing law, the California Occupational Safety and Health Act of 1973, imposes safety responsibilities on employers and employees, including the requirement that an employer establish, implement, and maintain an effective injury prevention program, and makes specified violation of these provisions a crime.

This bill would require a hospital, as specified, as a part of its injury prevention program and in conjunction with affected employees, to adopt a workplace violence prevention plan designed to protect health care workers, other facility personnel, patients, and visitors from aggressive or violent behavior. As part of that plan, the bill would require a hospital to adopt safety and security policies, including, among others, a system for the reporting to the Division of Occupational Safety and Health of any violent incident, as defined, against a hospital employee, as specified. The bill would further require all medical staff and health care workers who provide direct care to patients to receive, at least annually, workplace violence prevention education and training,

as specified. The bill would prohibit a hospital from preventing an employee from, or taking punitive or retaliatory action against an employee for, seeking assistance and intervention from local emergency services or law enforcement for a violent incident. The bill would also require a hospital to provide evaluation and treatment, as specified, for an employee who is injured or is otherwise a victim of a violent incident.

The bill would require a hospital to document and keep for 5 years a written record of all violent incidents against a hospital employee, as defined, and to report to the division any violent incident, as specified. The bill would also authorize the division to assess a civil penalty against a hospital for failure to report a violent incident, as specified. The bill would further require the division to report to the relevant fiscal and policy committees of the Legislature information regarding violent incidents at hospitals, as specified, and to develop regulations implementing these provisions by January 1, 2015.

Because this bill would expand the scope of a crime, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.

The people of the State of California do enact as follows:

SECTION 1. Section 6401.8 is added to the Labor Code, to read:

6401.8. (a) ~~As~~ *Except as provided in subdivision (n), as* a part of its injury prevention program required pursuant to Section 6401.7, a hospital ~~licensed pursuant to subdivisions~~ *described in subdivision* (a), (b), or (f) of Section 1250 of the Health and Safety Code shall adopt a workplace violence prevention plan designed to protect health care workers, other facility personnel, patients, and visitors from aggressive or violent behavior. The plan shall include, but not be limited to, security considerations relating to all of the following:

(1) Physical layout.

(2) Staffing, including staffing patterns and patient classification systems that contribute to the risk of violence or are insufficient to address the risk of violence.

(3) The adequacy of facility security systems, protocols, and policies, including, but not limited to, security personnel availability and employee alarm systems.

(4) Potential security risks associated with specific units or areas within the facility where there is a greater likelihood that a patient or other person may exhibit violent behavior.

(5) Uncontrolled public access to any part of the facility.

(6) Potential security risks related to working late night or early morning hours.

(7) Employee security in areas surrounding the facility, including, but not limited to, employee parking areas.

(8) The use of a trained response team that can assist employees in violent situations.

(9) Policy and training related to appropriate responses to violent acts.

(10) Efforts to cooperate with local law enforcement regarding violent acts in the facility.

(b) As part of its workplace violence prevention plan, a hospital shall adopt safety and security policies, including, but not limited to, all of the following:

(1) Personnel training policies designed to protect personnel, patients, and visitors from aggressive or violent behavior, including education on how to recognize the potential for violence, how and when to seek assistance to prevent or respond to violence, and how to report violent incidents to the appropriate law enforcement officials.

(2) A system for responding to violent incidents and situations involving violence or the risk of violence, including, but not limited to, procedures for rapid response by which an employee is provided with immediate assistance if the threat of violence against that employee appears to be imminent, or if a violent act has occurred or is occurring.

(3) A system for investigating violent incidents and situations involving violence or the risk of violence. When investigating these incidents, the hospital shall interview any employee involved in the incident or situation.

(4) A system for reporting, monitoring, and recordkeeping of violent incidents and situations involving the risk of violence.

(5) A system for reporting violent incidents to the division pursuant to subdivision (h).

(6) Modifications to job design, staffing, security, equipment, or facilities as determined necessary to prevent or address violence against hospital employees.

(c) The plan shall be developed in conjunction with affected employees, including their recognized collective bargaining agents, if any. Individuals or members of a hospital committee responsible for developing the security plan shall be familiar with hospital safety and security issues, as well as the identification of aggressive and violent predicting factors. In developing the workplace violence prevention plan, the hospital shall consider guidelines or standards on violence in health care facilities issued by the division, the federal Occupational Safety and Health Administration, and, if available, the State Department of Public Health.

(d) All medical staff and health care workers who provide direct care to patients shall, at least annually, receive workplace violence prevention education and training that is designed in such a way as to provide an opportunity for interactive questions and answers with a person knowledgeable about the workplace violence prevention plan, and that includes, but is not limited to, the following topics:

(1) General safety measures.

(2) Personal safety measures.

(3) The assault cycle.

(4) Aggression and violence predicting factors.

(5) Obtaining patient history from a patient with violent behavior.

(6) Characteristics of aggressive and violent patients and victims.

(7) Verbal and physical maneuvers to diffuse and avoid violent behavior.

(8) Strategies to avoid physical harm.

(9) Restraining techniques.

(10) Appropriate use of medications as chemical restraints.

(11) Any resources available to employees for coping with violent incidents, including, by way of example, critical incident stress debriefing or employee assistance programs.

(e) All temporary personnel shall be oriented to the workplace violence prevention plan.

(f) A hospital shall provide evaluation and treatment for an employee who is injured or is otherwise a victim of a violent incident and shall, upon the request of the employee, provide access to followup counseling to address trauma or distress experienced by the employee, including, but not limited to, individual crisis counseling, support group counseling, peer assistance, and professional referrals.

(g) A hospital shall not prohibit an employee from, or take punitive or retaliatory action against an employee for, seeking assistance and intervention from local emergency services or law enforcement when a violent incident occurs.

(h) (1) In addition to the reports required by Section 6409.1, a hospital shall document and keep for a period of five years a written record of any violent incident against a hospital employee immediately after the incident is reported by that employee or any other employee to a manager, supervisor, or other hospital administrator. The hospital shall document and keep a written record of all violent incidents, regardless of whether the employee sustains an injury. This record shall include, but not be limited to, the date and time of the incident, the unit in which the incident occurred, a description of the circumstances surrounding the incident, and the hospital's response to the incident.

(2) A hospital shall report to the division within 72 hours the information recorded pursuant to paragraph (1) regarding a violent incident. If the incident results in physical injury, involves the use of a firearm or other dangerous weapon, or presents an urgent or emergent threat to the welfare, health, or safety of hospital personnel, the hospital shall report the incident to the division within 24 hours.

(3) If a hospital fails to report a violent incident pursuant to paragraph (2), the division may assess a civil penalty against the hospital in an amount not to exceed one hundred dollars ($100) per day for each day that the incident is not reported following the initial 72-hour or 24-hour period, as applicable pursuant to paragraph (2).

(i) The division may, at its discretion, conduct an inspection for any violent incident reported pursuant to subdivision (h).

(j) Nothing in this section requiring recordkeeping and reporting by an employer relieves the employer of the requirements of Section 6410.

(k) (1) By January 1, 2015, and annually thereafter, the division shall report to the relevant fiscal and policy committees of the Legislature, in a manner that protects patient and employee confidentiality, information regarding violent incidents at hospitals, that includes, but is not limited to, the total number of reports and which specific hospitals filed reports pursuant to subdivision (h), the outcome of any related inspection or investigation, citations levied against a hospital based on a violent incident, and recommendations on how to prevent violent incidents at hospitals.

(2) The requirement for submitting a report imposed pursuant to this subdivision is inoperative on January 1, 2019, pursuant to Section 10231.5 of the Government Code.

(3) A report to be submitted pursuant to this subdivision shall be submitted in compliance with Section 9795 of the Government Code.

(*l*) By January 1, 2015, the division shall adopt regulations to implement the provisions of this section.

(m) For purposes of this section, "violent incident" shall include, but not be limited to, the following:

(1) The use of physical force against a hospital employee by a patient or a person accompanying a patient that results in or has a high likelihood of resulting in injury, psychological trauma, or stress, regardless of whether the employee sustains an injury.

(2) An incident involving the use of a firearm or other dangerous weapon, regardless of whether the employee sustains an injury.

(n) This section shall not apply to a hospital operated by the State Department of State Hospitals, the State Department of Developmental Services, or the Department of Corrections and Rehabilitation.

SEC. 2. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within

the meaning of Section 6 of Article XIII B of the California Constitution.

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BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
June 12, 2013

BILL ANALYSIS

AUTHOR:	Correa	**BILL NUMBER:**	SB 723
SPONSOR:	Correa	**BILL STATUS:**	Assembly
SUBJECT:	Veterans	**DATE LAST AMENDED:**	4/23/13

SUMMARY:
Existing law requires the Employment Development Department, in consultation and coordination with veterans' organizations and veteran service providers, to research the needs of veterans throughout the state and develop a profile of veterans' employment and training needs and to seek federal funding for those purposes.

ANALYSIS:
This bill would require the Employment Development Department and the Department of Consumer Affairs, on or before January 1, 2015, jointly to present a report to the Legislature addressing specified matters relating to military training programs and state credentialing programs.

Amended analysis as of 4/23:
This bill would require the Employment Development Department and the Department of Consumer Affairs, on or before January 1, 2015, jointly to present a report to the Legislature containing best practices by state governments around the nation in facilitating the credentialing of veterans by using their documented military education and experience.

BOARD POSITION: Watch (4/10)

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Watch (5/8)

SUPPORT:
American GI Forum, Alejandro Ruiz Chapter
California Labor Federation, AFL-CIO
Veterans Caucus, California Democratic Party

OPPOSE: None on file

AMENDED IN SENATE APRIL 23, 2013

SENATE BILL No. 723

Introduced by Senator Correa
(Coauthors: Senators Leno and Lieu)

February 22, 2013

An act to add Section 325.51 to the Unemployment Insurance Code, relating to veterans.

LEGISLATIVE COUNSEL'S DIGEST

SB 723, as amended, Correa. Veterans.

Existing law requires the Employment Development Department, in consultation and coordination with veterans' organizations and veteran service providers, to research the needs of veterans throughout the state and develop a profile of veterans' employment and training needs and to seek federal funding for those purposes.

This bill would require the Employment Development Department and the Department of Consumer Affairs, on or before January 1, 2015, jointly to present a report to the Legislature ~~addressing specified matters relating to military training programs and state credentialing programs~~ *containing best practices by state governments around the nation in facilitating the credentialing of veterans by using their documented military education and experience*.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

~~SECTION 1. Section 325.51 is added to the Unemployment Insurance Code, to read:~~

~~325.51. The~~

SECTION 1. *Section 325.51 is added to the Unemployment Insurance Code, immediately following Section 325.5, to read:*

325.51. *The* Employment Development Department and the Department of Consumer Affairs, on or before January 1, 2015, jointly shall present a report to the Legislature containing ~~all of the following:~~

~~(a) Best~~ *best* practices by state governments around the nation in facilitating the credentialing of veterans by using their documented military education and experience.

~~(b) Military occupational specialties within all branches of the United States Armed Forces that readily transfer to high-demand civilian jobs.~~

~~(c) The departments' past and current efforts to collaborate with key public and private sector stakeholders to address the gaps between military training programs and state credentialing programs with respect to at least five specific vocations or professions that are credentialed or licensed by the Department of Consumer Affairs.~~

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BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
June 12, 2013

BILL ANALYSIS

AUTHOR:	DeSaulnier	**BILL NUMBER:**	SB 809
SPONSOR:	California Attorney General Kamala Harris	**BILL STATUS:**	Assembly
SUBJECT:	Controlled substances: reporting	**DATE LAST AMENDED:**	5/28/13

SUMMARY:
The following paragraphs reflect the provisions most relevant to the Board of Registered Nursing:

Existing law classifies certain controlled substances into designated schedules. Existing law requires the Department of Justice to maintain the Controlled Substance Utilization Review and Evaluation System (CURES) for the electronic monitoring of the prescribing and dispensing of Schedule II, Schedule III, and Schedule IV controlled substances by all practitioners authorized to prescribe or dispense these controlled substances.

Existing law requires dispensing pharmacies and clinics to report, on a weekly basis, specified information for each prescription of Schedule II, Schedule III, or Schedule IV controlled substances, to the department, as specified.

Existing law permits a licensed health care practitioner, as specified, or a pharmacist to apply to the Department of Justice to obtain approval to access information stored on the Internet regarding the controlled substance history of a patient under his or her care.

Existing law also authorizes the Department of Justice to provide the history of controlled substances dispensed to an individual to licensed health care practitioners, pharmacists, or both, providing care or services to the individual.

Existing law imposes various taxes, including taxes on the privilege of engaging in certain activities. The Fee Collection Procedures Law, the violation of which is a crime, provides procedures for the collection of certain fees and surcharges.

ANALYSIS:
This bill would establish the CURES Fund within the State Treasury to receive funds to be allocated, upon appropriation by the Legislature, to the Department of Justice for the purposes of funding CURES, and would make related findings and declarations.

This bill would require the Medical Board of California, the Dental Board of California, the California State Board of Pharmacy, the Veterinary Medical Board, the Board of Registered Nursing, the Physician Assistant Committee of the Medical Board of California, the Osteopathic Medical Board of California, the State Board of Optometry, and the California Board of Podiatric Medicine to increase the licensure, certification, and renewal fees charged to practitioners under their supervision who are authorized to prescribe or dispense controlled substances, by up to 1.16%, the proceeds of which would be deposited into the CURES Fund for support of CURES, as specified.

This bill would require licensed health care practitioners, as specified, and pharmacists to apply to the Department of Justice to obtain approval to access information stored on the Internet regarding the controlled substance history of a patient under his or her care, and, upon the happening of specified events, to access and consult that information prior to prescribing or dispensing Schedule II, Schedule III, or Schedule IV controlled substances.

This bill would declare that it is to take effect immediately as an urgency statute.

Amended analysis as of 5/1:
This bill amendment references the Board of Equalization.

Amended analysis as of 5/14:
This bill amendment adds an effective date of January 1, 2015, to the imposition of the tax on manufacturers of controlled substances. It allows health care service plans to voluntarily contribute to the CURES Fund.

Amended analysis as of 5/24:
This bill adds the Naturopathic Medical Committee of the Osteopathic Medical Board of California to the list of boards whose practitioners would be covered by this legislation.

This bill would require the named boards to:
In addition to the fees charged for licensure, certification, and renewal, at the time those fees are charged, charge practitioners under their supervision who are authorized to ~~prescribe~~ *prescribe, order, administer, furnish,* or dispense ~~controlled substances, by up to 1.16%,~~ *substances a fee of up to 1.16% of the renewal fee that the licensee was subject to as of July 1, 2013,* the proceeds of which would be deposited into the CURES Fund for support of CURES, as specified.

This bill would also require the California State Board of Pharmacy to ~~increase the licensure, certification, and renewal fees charged to~~ *charge* wholesalers, nonresident wholesalers, and veterinary food-animal drug retailers under their supervision ~~by up to 1.16%,~~ *a fee of up to 1.16% of the renewal fee that the wholesaler, nonresident wholesaler, or veterinary food-animal drug retailer was subject to as of July 1, 2013,* the proceeds of which would be deposited into the CURES Fund for support of CURES, as specified.

This bill would additionally require the board [Medical Board of California} to periodically develop and disseminate to each licensed physician and surgeon and to each general acute care hospital in California information and educational materials relating to the assessment of a patient's risk of abusing or diverting controlled substances and information relating to CURES.

Amended analysis as of 5/28:
This bill deletes the imposition of a tax upon manufacturers of controlled substances, as defined, that would have been initiated January 1, 2015. Allows pharmaceutical manufacturers to voluntarily contribute to the CURES Fund.

BOARD POSITION: Watch (4/10)

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:
Attorney General Kamala Harris (source)
ALPHA Fund
American Cancer Society Cancer Action Network
American Medical Association
Association of California Healthcare Districts
Association of California Insurance Companies
Behind the Orange Curtain, the Documentary
California Association for Nurse Practitioners
California Association of Joint Powers Authority
California Chapter of the American College of Emergency Physicians
California Coalition on Workers' Compensation
California Department of Insurance
California Joint Powers Insurance Authority
California Labor Federation
California Medical Association
California Narcotic Officers Association
California Pharmacists Association
California Police Chiefs Association
California Professional Association of Specialty Contractors
California Retailers Association
California Self-Insurers Association
California Society of Health-System Pharmacists
California State Association of Counties
California State Board of Pharmacy
California State Sheriffs' Association
City and County of San Francisco
County Alcohol and Drug Program Administrators Association of California
CSAC Excess Insurance Authority
Deputy Sheriffs' Association of San Diego County
Employers Group
Gallagher Bassett Services, Inc.
Golden Oak Cooperative Corporation
Grimmway Farms
Health Officers Association of California
Healthcare Distribution Management Association
Independent Insurance Agents and Brokers of California
Metro Risk Management

Michael Sullivan & Associates
National Association of Chain Drug Stores
National Coalition Against Prescription Drug Abuse
Nordstrom
Safeway
Schools Insurance Authority
Schools Insurance Group
Sedgwick Claims Management Services
Shaw, Jacobsmeyer, Crain, and Claffey
South Orange County Coalition
Troy and Alana Pack Foundation
University of California
Western Occupational & Environmental Medical Association
Western Propane Gas Association

OPPOSE:
BayBio
California Healthcare Institute
Generic Pharmaceutical Association

AMENDED IN SENATE MAY 28, 2013

AMENDED IN SENATE MAY 24, 2013

AMENDED IN SENATE MAY 14, 2013

AMENDED IN SENATE MAY 1, 2013

SENATE BILL No. 809

Introduced by Senators DeSaulnier and Steinberg
(Coauthors: Senators Hancock, Lieu, Pavley, and Price)
(Coauthor: Assembly Member Blumenfield)

February 22, 2013

An act to add Sections 805.8 and 2196.8 to the Business and Professions Code, *and* to amend Sections ~~11165~~ *11164.1, 11165,* and 11165.1 ~~of~~ *of, and to add Section 11165.4 to,* the Health and Safety Code, ~~and to add Part 21 (commencing with Section 42001) to Division 2 of the Revenue and Taxation Code,~~ relating to controlled substances, and declaring the urgency thereof, to take effect immediately.

LEGISLATIVE COUNSEL'S DIGEST

SB 809, as amended, DeSaulnier. Controlled substances: reporting.

(1) Existing law classifies certain controlled substances into designated schedules. Existing law requires the Department of Justice to maintain the Controlled Substance Utilization Review and Evaluation System (CURES) for the electronic monitoring of the prescribing and dispensing of Schedule II, Schedule III, and Schedule IV controlled substances by all practitioners authorized to prescribe or dispense these controlled substances.

Existing law requires dispensing pharmacies and clinics to report, on a weekly basis, specified information for each prescription of Schedule

II, Schedule III, or Schedule IV controlled substances, to the department, as specified.

This bill would establish the CURES Fund within the State Treasury to receive funds to be allocated, upon appropriation by the Legislature, to the Department of Justice for the purposes of funding CURES, and would make related findings and declarations.

This bill would require the Medical Board of California, the Dental Board of California, the California State Board of Pharmacy, the Veterinary Medical Board, the Board of Registered Nursing, the Physician Assistant Committee of the Medical Board of California, the Osteopathic Medical Board of California, the Naturopathic Medicine Committee of the Osteopathic Medical Board of California, the State Board of Optometry, and the California Board of Podiatric Medicine to charge practitioners under their supervision who are authorized to prescribe, order, administer, furnish, or dispense controlled substances a fee of up to 1.16% of the renewal fee that the licensee was subject to as of July 1, 2013, the proceeds of which would be deposited into the CURES Fund for support of CURES, as specified. This bill would also require the California State Board of Pharmacy to charge wholesalers, nonresident wholesalers, and veterinary food-animal drug retailers under their supervision a fee of up to 1.16% of the renewal fee that the wholesaler, nonresident wholesaler, or veterinary food-animal drug retailer was subject to as of July 1, 2013, the proceeds of which would be deposited into the CURES Fund for support of CURES, as specified. The bill would require each of these fees to be due and payable at the time the license is renewed and require the fee to be submitted with the renewal fee. *The bill would also permit specified insurers, health care service plans, and qualified manufacturers, to voluntarily contribute to the CURES Fund, as described.*

(2) Existing law requires the Medical Board of California to periodically develop and disseminate information and educational materials regarding various subjects, including pain management techniques, to each licensed physician and surgeon and to each general acute care hospital in California.

This bill would additionally require the board to periodically develop and disseminate to each licensed physician and surgeon and to each general acute care hospital in California information and educational materials relating to the assessment of a patient's risk of abusing or diverting controlled substances and information relating to CURES.

(3) Existing law permits a licensed health care practitioner, as specified, or a pharmacist to apply to the Department of Justice to obtain approval to access information stored on the Internet regarding the controlled substance history of a patient under his or her care. Existing law also authorizes the Department of Justice to provide the history of controlled substances dispensed to an individual to licensed health care practitioners, pharmacists, or both, providing care or services to the individual.

This bill would require licensed health care practitioners, as specified, and pharmacists to apply to the Department of Justice to obtain approval to access information stored on the Internet regarding the controlled substance history of a patient under his or her care, and, upon the happening of specified events, to be strongly encouraged to access and consult that information prior to prescribing or dispensing Schedule II, Schedule III, or Schedule IV controlled substances. The bill would make other related and conforming changes.

~~(4) Existing law imposes various taxes, including taxes on the privilege of engaging in certain activities. The Fee Collection Procedures Law, the violation of which is a crime, provides procedures for the collection of certain fees and surcharges.~~

~~This bill would impose a tax upon qualified manufacturers, as defined, beginning January 1, 2015. The tax would be collected by the State Board of Equalization pursuant to the procedures set forth in the Fee Collection Procedures Law. The bill would require the board to deposit all taxes, penalties, and interest collected pursuant to these provisions in the CURES Fund, as provided. This bill would also allow specified insurers, as defined, and health care service plans, as defined, to voluntarily contribute to the CURES Fund, as described. Because this bill would expand application of the Fee Collection Procedures Law, the violation of which is a crime, it would impose a state-mandated local program.~~

~~(5) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.~~

~~This bill would provide that no reimbursement is required by this act for a specified reason.~~

~~(6)~~

(4) This bill would declare that it is to take effect immediately as an urgency statute.

Vote: ⅔. Appropriation: no. Fiscal committee: yes. State-mandated local program: ~~yes~~ *no*.

The people of the State of California do enact as follows:

SECTION 1. The Legislature finds and declares all of the following:

(a) The Controlled Substance Utilization Review and Evaluation System (CURES) is a valuable preventive, investigative, and educational tool for health care providers, regulatory boards, educational researchers, and law enforcement. Recent budget cuts to the Attorney General's Division of Law Enforcement have resulted in insufficient funding to support the CURES Prescription Drug Monitoring Program (PDMP). The PDMP is necessary to ensure health care professionals have the necessary data to make informed treatment decisions and to allow law enforcement to investigate diversion of prescription drugs. Without a dedicated funding source, the CURES PDMP is not sustainable.

(b) Each year CURES responds to more than 800,000 requests from practitioners and pharmacists regarding all of the following:

(1) Helping identify and deter drug abuse and diversion of prescription drugs through accurate and rapid tracking of Schedule II, Schedule III, and Schedule IV controlled substances.

(2) Helping practitioners make better prescribing decisions.

(3) Helping reduce misuse, abuse, and trafficking of those drugs.

(c) Schedule II, Schedule III, and Schedule IV controlled substances have had deleterious effects on private and public interests, including the misuse, abuse, and trafficking in dangerous prescription medications resulting in injury and death. It is the intent of the Legislature to work with stakeholders to fully fund the operation of CURES which seeks to mitigate those deleterious effects and serve as a tool for ensuring safe patient care, and which has proven to be a cost-effective tool to help reduce the misuse, abuse, and trafficking of those drugs.

(d) The following goals are critical to increase the effectiveness and functionality of CURES:

(1) Upgrading the PDMP so that it is capable of accepting real-time updates and is accessible in real-time, 24 hours a day, seven days a week.

(2) Upgrading all prescription drug monitoring programs in California so that they are capable of operating in conjunction with all national prescription drug monitoring programs.

(3) Providing subscribers to prescription drug monitoring programs access to information relating to controlled substances dispensed in California, including those dispensed through the federal Department of Veterans' Affairs, the Indian Health Service, the Department of Defense, and any other entity with authority to dispense controlled substances in California.

(4) Upgrading the PDMP so that it is capable of accepting electronic prescriptions, thereby enabling more reliable, complete, and timely prescription monitoring.

SEC. 2. Section 805.8 is added to the Business and Professions Code, to read:

805.8. (a) (1) In addition to the fees charged for licensure, certification, and renewal, at the time those fees are charged, the Medical Board of California, the Dental Board of California, the California State Board of Pharmacy, the Veterinary Medical Board, the Board of Registered Nursing, the Physician Assistant Committee of the Medical Board of California, the Osteopathic Medical Board of California, the Naturopathic Medicine Committee of the Osteopathic Medical Board of California, the State Board of Optometry, and the California Board of Podiatric Medicine shall charge each licensee authorized pursuant to Section 11150 of the Health and Safety Code to prescribe, order, administer, furnish, or dispense Schedule II, Schedule III, or Schedule IV controlled substances a fee of up to 1.16 percent of the renewal fee that the licensee was subject to as of July 1, 2013, to be assessed annually. This fee shall be due and payable at the time the licensee renews his or her license and shall be submitted with the licensee's renewal fee. In no case shall this fee exceed the reasonable costs associated with operating and maintaining CURES for the purpose of regulating prescribers and dispensers of controlled substances licensed or certificated by these boards.

(2) In addition to the fees charged for licensure, certification, and renewal, at the time those fees are charged, the California State Board of Pharmacy shall charge wholesalers and nonresident wholesalers of dangerous drugs, licensed pursuant to Article 11 (commencing with Section 4160) of Chapter 9, a fee of up to 1.16 percent of the renewal fee that the wholesaler or nonresident

wholesaler was subject to as of July 1, 2013, to be assessed annually. This fee shall be due and payable at the time the wholesaler or nonresident wholesaler renews its license and shall be submitted with the wholesaler's or nonresident wholesaler's renewal fee. In no case shall this fee exceed the reasonable costs associated with operating and maintaining CURES for the purpose of regulating wholesalers and nonresident wholesalers of dangerous drugs licensed or certificated by that board.

(3) In addition to the fees charged for licensure, certification, and renewal, at the time those fees are charged, the California State Board of Pharmacy shall charge veterinary food-animal drug retailers, licensed pursuant to Article 15 (commencing with Section 4196) of Chapter 9, a fee of up to 1.16 percent of the renewal fee that the drug retailer was subject to as of July 1, 2013, to be assessed annually. This fee shall be due and payable at the time the drug retailer renews its license and shall be submitted with the drug retailers' renewal fee. In no case shall this fee exceed the reasonable costs associated with operating and maintaining CURES for the purpose of regulating veterinary food-animal drug retailers licensed or certificated by that board.

(b) The funds collected pursuant to subdivision (a) shall be deposited in the CURES accounts, which are hereby created, within the Contingent Fund of the Medical Board of California, the State Dentistry Fund, the Pharmacy Board Contingent Fund, the Veterinary Medical Board Contingent Fund, the Board of Registered Nursing Fund, the Naturopathic Doctor's Fund, the Osteopathic Medical Board of California Contingent Fund, the Optometry Fund, and the Board of Podiatric Medicine Fund. Moneys in the CURES accounts of each of those funds shall, upon appropriation by the Legislature, be available to the Department of Justice solely for operating and maintaining CURES for the purposes of regulating prescribers and dispensers of controlled substances. All moneys received by the Department of Justice pursuant to this section shall be deposited in the CURES Fund described in Section 11165 of the Health and Safety Code.

SEC. 3. Section 2196.8 is added to the Business and Professions Code, to read:

2196.8. The board shall periodically develop and disseminate information and educational material regarding assessing a patient's risk of abusing or diverting controlled substances and information

relating to the Controlled Substance Utilization Review and Evaluation System (CURES), described in Section 11165 of the Health and Safety Code, to each licensed physician and surgeon and to each general acute care hospital in this state. The board shall consult with the State Department of Health Care Services and the Department of Justice in developing the materials to be distributed pursuant to this section.

SEC. 4. Section 11164.1 of the Health and Safety Code is amended to read:

11164.1. (a) (1) Notwithstanding any other provision of law, a prescription for a controlled substance issued by a prescriber in another state for delivery to a patient in another state may be dispensed by a California pharmacy, if the prescription conforms with the requirements for controlled substance prescriptions in the state in which the controlled substance was prescribed.

(2) All prescriptions for Schedule II and Schedule III controlled substances dispensed pursuant to this subdivision shall be reported by the dispensing pharmacy to the Department of Justice in the manner prescribed by subdivision ~~(d)~~ *(e)* of Section 11165.

(b) Pharmacies may dispense prescriptions for Schedule III, Schedule IV, and Schedule V controlled substances from out-of-state prescribers pursuant to Section 4005 of the Business and Professions Code and Section 1717 of Title 16 of the California Code of Regulations.

(c) This section shall become operative on January 1, 2005.

~~SEC. 4.~~

SEC. 5. Section 11165 of the Health and Safety Code is amended to read:

11165. (a) To assist health care practitioners in their efforts to ensure appropriate prescribing, ordering, administering, furnishing, and dispensing of controlled substances, law enforcement and regulatory agencies in their efforts to control the diversion and resultant abuse of Schedule II, Schedule III, and Schedule IV controlled substances, and for statistical analysis, education, and research, the Department of Justice shall, contingent upon the availability of adequate funds in the CURES accounts within the Contingent Fund of the Medical Board of California, the Pharmacy Board Contingent Fund, the State Dentistry Fund, the Board of Registered Nursing Fund, the Naturopathic Doctor's Fund, the Osteopathic Medical Board of California Contingent

Fund, the Veterinary Medical Board Contingent Fund, the Optometry Fund, the Board of Podiatric Medicine Fund, and the CURES Fund, maintain the Controlled Substance Utilization Review and Evaluation System (CURES) for the electronic monitoring of, and Internet access to information regarding, the prescribing and dispensing of Schedule II, Schedule III, and Schedule IV controlled substances by all practitioners authorized to prescribe, order, administer, furnish, or dispense these controlled substances.

(b) The reporting of Schedule III and Schedule IV controlled substance prescriptions to CURES shall be contingent upon the availability of adequate funds for the Department of Justice for the purpose of funding CURES.

(c) The Department of Justice may seek and use grant funds to pay the costs incurred by the operation and maintenance of CURES. The department shall annually report to the Legislature and make available to the public the amount and source of funds it receives for support of CURES. Grant funds shall not be appropriated from the Contingent Fund of the Medical Board of California, the Pharmacy Board Contingent Fund, the State Dentistry Fund, the Board of Registered Nursing Fund, the Naturopathic Doctor's Fund, the Osteopathic Medical Board of California Contingent Fund, the Veterinary Medical Board Contingent Fund, the Optometry Fund, or the Board of Podiatric Medicine Fund, for the purpose of funding CURES.

(d) (1) The operation of CURES shall comply with all applicable federal and state privacy and security laws and regulations.

(2) The Department of Justice may establish policies, procedures, and regulations regarding the use, access, evaluation, management, implementation, operation, storage, and security of the information within CURES.

(e) For each prescription for a Schedule II, Schedule III, or Schedule IV controlled substance, as defined in the controlled substances schedules in federal law and regulations, specifically Sections 1308.12, 1308.13, and 1308.14, respectively, of Title 21 of the Code of Federal Regulations, the dispensing pharmacy, clinic, or other dispenser shall report the following information to the Department of Justice as soon as reasonably possible, but not more than seven days after the date a controlled substance is

dispensed, unless monthly reporting is permitted pursuant to subdivision (f) of Section 11190, and in a format specified by the Department of Justice:

(1) Full name, address, and telephone number of the ultimate user or research subject, or contact information as determined by the Secretary of the United States Department of Health and Human Services, and the gender, and date of birth of the ultimate user.

(2) The prescriber's category of licensure and license number, the federal controlled substance registration number, and the state medical license number of any prescriber using the federal controlled substance registration number of a government-exempt facility.

(3) Pharmacy prescription number, license number, and federal controlled substance registration number.

(4) National Drug Code (NDC) number of the controlled substance dispensed.

(5) Quantity of the controlled substance dispensed.

(6) International Statistical Classification of Diseases, 9th revision (ICD-9) or 10th revision (ICD-10) Code, if available.

(7) Number of refills ordered.

(8) Whether the drug was dispensed as a refill of a prescription or as a first-time request.

(9) Date of origin of the prescription.

(10) Date of dispensing of the prescription.

(f) The Department of Justice may invite stakeholders to assist, advise, and make recommendations on the establishment of rules and regulations necessary to ensure the proper administration and enforcement of the CURES database. All prescriber invitees shall be licensed by one of the boards or committees identified in subdivision (a) of Section 805.8 of the Business and Professions Code, in active practice in California, and a regular user of CURES.

(g) The Department of Justice shall, prior to upgrading CURES, consult with prescribers licensed by one of the boards or committees identified in subdivision (a) of Section 805.8 of the Business and Professions Code, one or more of the regulatory boards or committees identified in subdivision (a) of Section 805.8 of the Business and Professions Code, and any other stakeholder identified by the department for the purpose of identifying desirable capabilities and upgrades to the CURES Prescription Drug Monitoring Program.

(h) The Department of Justice may establish a process to educate authorized subscribers of CURES on how to access and use CURES.

(i) The CURES Fund is hereby established within the State Treasury. The CURES Fund shall consist of all funds made available to the Department of Justice for the purpose of funding CURES. Money in the CURES Fund shall, upon appropriation by the Legislature, be available for allocation to the Department of Justice for the purpose of funding CURES.

~~SEC. 5.~~

SEC. 6. Section 11165.1 of the Health and Safety Code is amended to read:

11165.1. (a) (1) A licensed health care practitioner eligible to prescribe Schedule II, Schedule III, or Schedule IV controlled substances or a pharmacist shall submit an application developed by the Department of Justice to obtain approval to access information online regarding the controlled substance history of a patient that is stored on the Internet and maintained within the Department of Justice, and, upon approval, the department shall release to that practitioner or pharmacist the electronic history of controlled substances dispensed to an individual under his or her care based on data contained in the CURES Prescription Drug Monitoring Program (PDMP).

(A) An application may be denied, or a subscriber may be suspended, for reasons which include, but are not limited to, the following:

(i) Materially falsifying an application for a subscriber.

(ii) Failure to maintain effective controls for access to the patient activity report.

(iii) Suspended or revoked federal Drug Enforcement Administration (DEA) registration.

(iv) Any subscriber who is arrested for a violation of law governing controlled substances or any other law for which the possession or use of a controlled substance is an element of the crime.

(v) Any subscriber accessing information for any other reason than caring for his or her patients.

(B) Any authorized subscriber shall notify the Department of Justice within 30 days of any changes to the subscriber account.

(2) To allow sufficient time for licensed health care practitioners eligible to prescribe Schedule II, Schedule III, or Schedule IV controlled substances and a pharmacist to apply and receive access to PDMP, a written request may be made, until July 1, 2012, and the Department of Justice may release to that practitioner or pharmacist the history of controlled substances dispensed to an individual under his or her care based on data contained in CURES.

(b) Any request for, or release of, a controlled substance history pursuant to this section shall be made in accordance with guidelines developed by the Department of Justice.

(c) (1) Until the Department of Justice has issued the notification described in paragraph (3), in order to prevent the inappropriate, improper, or illegal use of Schedule II, Schedule III, or Schedule IV controlled substances, the Department of Justice may initiate the referral of the history of controlled substances dispensed to an individual based on data contained in CURES to licensed health care practitioners, pharmacists, or both, providing care or services to the individual.

(2) Upon the Department of Justice issuing the notification described in paragraph (3), licensed health care practitioners eligible to prescribe Schedule II, Schedule III, or Schedule IV controlled substances and pharmacists shall be strongly encouraged to access and consult the electronic history of controlled substances dispensed to an individual under his or her care prior to prescribing or dispensing a Schedule II, Schedule III, or Schedule IV controlled substance.

(3) The Department of Justice shall notify licensed health care practitioners and pharmacists who have submitted the application required pursuant to subdivision (a) when the department determines that CURES is capable of accommodating all users, but not before June 1, 2015. The department shall provide a copy of the notification to the Secretary of State, the Secretary of the Senate, the Chief Clerk of the Assembly, and the Legislative Counsel, and shall post the notification on the department's Internet Web site.

(d) The history of controlled substances dispensed to an individual based on data contained in CURES that is received by a practitioner or pharmacist from the Department of Justice pursuant to this section shall be considered medical information subject to the provisions of the Confidentiality of Medical

Information Act contained in Part 2.6 (commencing with Section 56) of Division 1 of the Civil Code.

(e) Information concerning a patient's controlled substance history provided to a prescriber or pharmacist pursuant to this section shall include prescriptions for controlled substances listed in Sections 1308.12, 1308.13, and 1308.14 of Title 21 of the Code of Federal Regulations.

SEC. 7. Section 11165.4 is added to the Health and Safety Code, to read:

11165.4. (a) The Department of Justice may seek private funds from insurers, health care service plans, and qualified manufacturers for the purpose of supporting CURES. Insurers, health care service plans, and qualified manufacturers may contribute by submitting their payment to the Controller for deposit into the CURES Fund established pursuant to subdivision (e) of Section 11165. The department shall make information about the amount and the source of all private funds it receives for support of CURES available to the public. Contributions to the CURES Fund pursuant to this subdivision shall be nondeductible for state tax purposes.

(b) For purposes of this section, the following definitions apply:

(1) "Controlled substance" means a drug, substance, or immediate precursor listed in any schedule in Section 11055, 11056, or 11057 of the Health and Safety Code.

(2) "Health care service plan" means an entity licensed pursuant to the Knox-Keene Health Care Service Plan Act of 1975 (Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code).

(3) "Insurer" means an admitted insurer writing health insurance, as defined in Section 106 of the Insurance Code, and an admitted insurer writing workers' compensation insurance, as defined in Section 109 of the Insurance Code.

(4) "Qualified manufacturer" means a manufacturer of a controlled substance, but does not mean a wholesaler or nonresident wholesaler of dangerous drugs, regulated pursuant to Article 11 (commencing with Section 4160) of Chapter 9 of Division 2 of the Business and Professions Code, a veterinary food-animal drug retailer, regulated pursuant to Article 15 (commencing with Section 4196) of Chapter 9 of Division 2 of the Business and Professions Code, or an individual regulated by the

Medical Board of California, the Dental Board of California, the California State Board of Pharmacy, the Veterinary Medical Board, the Board of Registered Nursing, the Physician Assistant Committee of the Medical Board of California, the Osteopathic Medical Board of California, the State Board of Optometry, or the California Board of Podiatric Medicine.

~~SEC. 6. Part 21 (commencing with Section 42001) is added to Division 2 of the Revenue and Taxation Code, to read:~~

~~PART 21. CONTROLLED SUBSTANCE UTILIZATION REVIEW AND EVALUATION SYSTEM (CURES) TAX LAW~~

~~42001. For purposes of this part, the following definitions apply:~~

~~(a) "Controlled substance" means a drug, substance, or immediate precursor listed in any schedule in Section 11055, 11056, or 11057 of the Health and Safety Code.~~

~~(b) "Health care service plan" means an entity licensed pursuant to the Knox-Keene Health Care Service Plan Act of 1975 (Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code).~~

~~(c) "Insurer" means an admitted insurer writing health insurance, as defined in Section 106 of the Insurance Code, and an admitted insurer writing workers' compensation insurance, as defined in Section 109 of the Insurance Code.~~

~~(d) "Qualified manufacturer" means a manufacturer of a controlled substance, but does not mean a wholesaler or nonresident wholesaler of dangerous drugs, regulated pursuant to Article 11 (commencing with Section 4160) of Chapter 9 of Division 2 of the Business and Professions Code, a veterinary food-animal drug retailer, regulated pursuant to Article 15 (commencing with Section 4196) of Chapter 9 of Division 2 of the Business and Professions Code, or an individual regulated by the Medical Board of California, the Dental Board of California, the California State Board of Pharmacy, the Veterinary Medical Board, the Board of Registered Nursing, the Physician Assistant Committee of the Medical Board of California, the Osteopathic Medical Board of California, the State Board of Optometry, or the California Board of Podiatric Medicine.~~

~~42003. (a) Beginning January 1, 2015, for the privilege of doing business in this state, an annual tax is hereby imposed on all qualified manufacturers in an amount determined pursuant to Section 42007 for the purpose of establishing and maintaining enforcement of the Controlled Substance Utilization Review and Evaluation System (CURES), established pursuant to Section 11165 of the Health and Safety Code.~~

~~(b) The Department of Justice may seek grant moneys from insurers and health care service plans for the purpose of supporting CURES. Insurers and health care service plans may contribute by submitting their payment to the Controller for deposit into the CURES Fund established pursuant to subdivision (e) of Section 11165 of the Health and Safety Code. The department shall make information about the amount and the source of all private grant funds it receives for support of CURES available to the public. A grant or gift made to the CURES Fund pursuant to this subdivision shall be nondeductible for state tax purposes.~~

~~42005. (a) The board shall collect the annual tax imposed by this part pursuant to the Fee Collection Procedures Law (Part 30 (commencing with Section 55001)). For purposes of this part, a reference in the Fee Collection Procedures Law to a "fee" shall include this tax and a reference to a "feepayer" shall include a person liable for the payment for the taxes collected pursuant to that law.~~

~~(b) (1) The board shall not accept or consider a petition for redetermination that is based on the assertion that a determination by the Department of Justice incorrectly determined that a qualified manufacturer is subject to the tax or that a determination by the Department of Justice improperly or erroneously calculated the amount of that tax. The board shall forward to the Department of Justice any appeal of a determination that asserts that a determination by the Department of Justice incorrectly determined that a qualified manufacturer is subject to the tax or that a determination by the Department of Justice improperly or erroneously calculated the amount of that tax.~~

~~(2) The board shall not accept or consider a claim for refund that is based on the assertion that a determination by the Department of Justice improperly or erroneously calculated the amount of a tax, or incorrectly determined that the qualified manufacturer is subject to the tax. The board shall forward to the~~

~~Department of Justice any claim for refund that asserts that a determination by the Department of Justice incorrectly determined that a qualified manufacturer is subject to the tax or that a determination by the Department of Justice improperly or erroneously calculated the amount of that tax.~~

~~42007. (a) The Department of Justice shall determine the annual tax by dividing the cost to establish and maintain enforcement of CURES by the number of qualified manufacturers. For calendar year 2015, the CURES cost shall be four million two hundred thousand dollars ($4,200,000). Beginning with the 2016 calendar year, and for each calendar year thereafter, the Department of Justice shall adjust the rate annually to reflect increases or decreases in the cost of living during the prior fiscal year, as measured by the California Consumer Price Index for all items.~~

~~(b) The Department of Justice shall provide to the board the name and address of each qualified manufacturer that is liable for the annual tax, the amount of tax, and the due date.~~

~~(c) All annual taxes referred to the board for collection pursuant to Section 42005 shall be paid to the board.~~

~~42009. All taxes, interest, penalties, and other amounts collected pursuant to this part, less refunds and costs of administration, shall be deposited into the CURES Fund.~~

~~42011. The board shall prescribe, adopt, and enforce rules and regulations relating to the administration and enforcement of this part.~~

~~SEC. 7. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.~~

SEC. 8. This act is an urgency statute necessary for the immediate preservation of the public peace, health, or safety within the meaning of Article IV of the Constitution and shall go into immediate effect. The facts constituting the necessity are:

In order to protect the public from the continuing threat of prescription drug abuse at the earliest possible time, it is necessary that this act take effect immediately.

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BOARD OF REGISTERED NURSING
Diversion/Discipline Committee
Agenda Item Summary

AGENDA ITEM: 9.1
DATE: June 12, 2013

ACTION REQUESTED: Information Only: Complaint Intake and Investigations Update

REQUESTED BY: Cynthia Klein, RN, Chairperson

BACKGROUND:

PROGRAM UPDATES

COMPLAINT INTAKE:

Staff

We were able to fill our remaining Office Technician position, effective June 3. We have one full-time Staff Services Analyst dedicated 100% to BreEZe.

Kathy Hodge, Deputy Chief over Complaints & Investigations is retiring from state service. Her last day with the BRN is June 25. Beth Scott will oversee the Complaint Intake unit and Stacie Berumen will oversee the Investigations Unit until the position is filled.

Due to lack of competitive compensation, we have been unable to recruit an NEC to cover the entire Enforcement Division.

Program

Of the 147,000 nurses licensed prior to 1990 who were required to retroactively fingerprint between 2009 and 2011, 1,222 failed to provide proof of fingerprint submission. These licenses were inactivated and are currently being referred to Complaint Intake for issuance of a citation and fine for non-compliance.

We are currently researching approximately 2,600 licensees who marked "Yes" to the conviction question on their license renewal but failed to submit supporting documentation as directed. Reminder letters will go out and for those who are non-compliant, at the minimum, a citation and fine will be issued.

Our BreEZe "Go Live" date has yet to be determined by DCA Executive staff in conjunction with the vendor. Business processes have been completed, however, we are unable to test the procedures due to outstanding errors yet to be fixed that hamper our ability to process a complaint from start to finish. We anticipate a slow down once BreEZe goes live due to the increase in system response times and difficulty identifying correct records; therefore, we are trying very hard to enter as much of our new complaints (mostly those identified above) into the current system as soon as possible before BreEZe is implemented.

Statistics
For fiscal year 2012/13, as of April 30, 2013, we received 6,577 complaints. Projected out, it is estimated we will receive approximately 7,886 complaints by the end of this fiscal year. The average time to close a complaint not referred to discipline went from 164 days in July 2012 to 133 days.

INVESTIGATIONS:

Staff
Southern – We have one open investigator position for the LA area and plan to hold interviews June 26-27 in Southern California.

Due to the number of So Cal cases and in support of BreEZe implementation, we were approved to keep our retired annuitant until August 2014.

Program
We continue to have issues obtaining documents, primarily from Kaiser North. In addition, we are now being told we must issue subpoenas in order to interview staff and managers. Failure of the facility to comply has and will continue to result in referrals to the Attorney General's office to obtain court orders to enforce compliance. This is causing major delays in case completion timeframes exceeding 4 months. We plan to pursue approval to seek legislation to assist the investigators in obtaining documents and gaining subject and witness cooperation.

In addition, both DOI and BRN investigators are unable to obtain documents from federal facilities, such as VA Hospitals, military hospitals, and hospitals located on Indian reservations, since they do not honor state issued subpoenas. Regarding a case we are working at an Army facility, the facility Risk Manager referred us to a Judge Advocate General (JAG) to gain clearance to obtain documents pertinent to our investigation. In addition to asking for assistance for this case in particular, we have also asked how we may, in the future, work with the Department of Defense to obtain necessary documents from all branches of the military. Our hope is that our efforts will also benefit other DCA departments having the same issue, however, to date, the JAG has been unresponsive to our email and voicemail.

On April 17, Investigations management had a meet and greet with the Drug Enforcement Agency (DEA) in Carlsbad, CA; we met with DEA Sacramento on May 13; and met with DEA Oakland on May 14. We discussed how we can collaborate on cases that overlap in instances where we regulate the same subjects, i.e., Nurse Practitioners and Nurse Practitioners with furnishing numbers. We were able to clarify the correct business process the DEA should take when they identify one of our nurses prescribing illegally during their investigations and discussed ways we can work together to proactively identify illegal activity. Additional meetings will be scheduled for the LA area.

On April 18, Investigations management had a meet and greet with the staff and nurse evaluators at the California Department of Public Health (CDPH) in San Diego, CA. We gave them an overview of the Investigations unit and how we process complaints. We discussed the types of complaints they should be referring to us and the information that can help us complete our cases timely and more effectively. The exchange was mutually beneficial and has provided a conduit for contacts and resources. The CDPH San Diego office has been extremely accommodating by allowing our investigators to use their facilities for subject and witness interviews. We are scheduled to attend the

CDPH Field Manager's meeting in Northern CA on June 18 to have a similar meet and greet and exchange of information.

On May 17, the southern unit was invited, through our contacts at the DEA, to participate in a Prescription Drug Abuse Task Force in San Diego. This meeting takes place quarterly and involves multiple local and federal law enforcement and educational members. As a result of that meeting, investigators were invited to attend a free training on Rx/OTC Abuse Prevention Workshop for Health Professionals held on May 22 in Brea, CA, as well as an upcoming training with the Orange County District Attorney's Crime Lab facility which is one of the best and most advanced in the country.

The southern unit has also been invited to attend the Professional Diversion Investigator Group who exchanges information and are a strong confidential working group mixed with FBI, DEA, and local law enforcement investigators/agents.

On June 19, the northern supervising special investigator has been invited to attend a staff meeting at the Emergency Medical Services Administration (EMSA) to give a short presentation about our agency and our investigations, as well as network with their investigations team. The EMSA licenses paramedics and EMTs. One of our investigators who came from the EMSA will be attending as well.

Statistics

The following are internal numbers (end of month) across all investigators not broken out on the performance measurement report.

BRN Investigation Unit	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013
Total cases assigned	268	341	272	272		
Total cases unassigned (pending)	135	136	123	117		
Average days to case completion	293	311	261	273		
Average cost per case	$4,223	$5,421	$3,215	$3,586		
Cases closed	19	13	32	29		

As of April 30, 2013, there were 577 pending DOI investigations.

Please review the enforcement statistics reports in 9.3 for additional breakdown of information.

NEXT STEP: Continue filling vacant positions. Continue to review and adjust internal processes and monitor statistics for improvement in case processing time frames. Follow directions given by committee and/or board.

FISCAL IMPACT, IF ANY: None at this time. Updates will be provided at each DDC meeting for review and possible action.

PERSON TO CONTACT: Kathy Hodge, Deputy Chief, Complaints and Investigations, (916) 574-7678

BOARD OF REGISTERED NURSING
Diversion/Discipline Committee
Agenda Item Summary

AGENDA ITEM: 9.2
DATE: June 12, 2013

ACTION REQUESTED: Information Only: Discipline and Probation Update

REQUESTED BY: Cynthia Klein, RN, Chairperson

BACKGROUND:

PROGRAM UPDATE

Staff

The Probation Unit is fully staffed with six monitors and one Office Technician (OT). After the retirement of the senior monitor on June 27, 2013 there will be five monitors whose cases will be increased.

One of the Probation Monitors continues to work 100% of the time with the Breeze project while the Probation Manager and another Monitor absorb her case load.

One discipline analyst continues to work on the Breeze project full time; therefore, this workload is absorbed by the manager.

The Discipline Unit is fully staffed with five case analysts, two legal support analysts, one cite and fine analyst and two OTs.

The Discipline and Probation Programs lose 160 hours per month of staff time due to state mandated furloughs.

Program – Discipline

Discipline will continue to audit charges from the Attorney General's (AG) offices to determine if the BRN is being charged appropriately. Our BRN research analysts also review AG charges seeking out anomalies for review.

Louise Bailey and Stacie Berumen are scheduled to meet with the Director of DCA, DCA Legal Affairs, and Senior Assistant Attorney General over the Licensing Section on June 5, 2013 to discuss issues that include but are not limited to case aging, workload and billing.

The total amount of open discipline cases are 1,928 with an average case load per analyst at 385. There are approximately 2,049 (total reflects discipline & probation) cases at the AG's office.

The Legal Support Analysts started preparing default decisions for the Sacramento Office effective October 1, 2012. The Legal Support Analysts have been working under the direction of DCA Legal Counsel to prepare default decisions for the Oakland and San Francisco AG Offices for approximately two years. We have contacted the AG's office to begin processing decisions default decisions for the

LA office and we await a response.

Our Legal Support Analysts and staff have been busy processing Decisions. For fiscal year 2013 (July 1, 2012 through May 22, 2013):

Decisions Adopted by Board	1,037
Pending Processing by legal support staff	53
Accusations/ PTR served	1,040

Staff continues to increase its usage of citation and fine as a constructive method to inform licensees and applicants of violations which do not rise to the level of formal disciplinary action.

The BRN continues to issue citations for address change violations pursuant to the California Code of Regulations §1409.1. The BRN website was updated with a reminder of the address change requirement.

We have issued more citations and received more payments than any time in BRN history.

Citation information below reflects the work for fiscal year 2013 (July 1, 2012 through May 22, 2013).

Number of citations issued	673
Total fines ordered	$287,650.00
Fines paid (amounts include payments from fines issued in prior fiscal year)	$216,004.00
Citations pending issuance	700+

The Discipline Unit continues to work on the NURSYS discipline data comparison project (SCRUB). The status of the documents reviewed:

Referred to the Attorney General	703
Pleadings Received	580
Default Decisions Effective	252
Stipulated Decisions Effective	175
Referred to Cite and Fine	68
Closed Without Action (Action taken by CA (prior to 2000) but not reported to Nursys or information approved at time of licensure)	930

Program – Probation

The case load per probation monitor is approximately 148.

Probation staff participated in Webinar training on May 7th, provided free by FirstLab. This training included information on drug screen collection, testing, and result interpretation.

AG Costs:
As of May 10, 2013, the BRN has expended $1,437,360 at the AG's office on the NURSYS SCRUB cases.

Statistics - Discipline

Please review additional statistical information which can be found under item 9.3.

Statistics – Probation

Below are the statistics for the Probation program from July 1, 2012 to May 23, 2013

Probation Data	Numbers	% of Active
Male	205	26%
Female	538	73%
Chemical Dependency	383	50%
Practice Case	210	28%
Mental Health	1	>1%
Conviction	149	20%
Advanced Certificates	74	10%
Southern California	390	52%
Northern California	353	48%
Pending with AG/Board	80	11%
License Revoked	27	3%
License Surrendered	72	9%
Terminated	11	>1%
Completed	62	7%
Active in-state probationers	**743**	
Completed/Revoked/Terminated/ Surrendered	172	
Tolled Probationers	226	
Active and Tolled Probationers	**969**	

NEXT STEP: Follow directions given by committee and/or board. Regain ability to prepare all default decisions.

FISCAL IMPACT, IF ANY: AG's budget line item will be closely monitored. Updates will be provided at each DDC meeting for review and possible action.

PERSON TO CONTACT: Beth Scott, Deputy Chief of Discipline, Probation, and Diversion
(916) 574-8187

BOARD OF REGISTERED NURSING
Diversion/Discipline Committee
Agenda Item Summary

AGENDA ITEM: 9.3
DATE: June 12, 2013

ACTION REQUESTED: Information Only: Enforcement Division Statistics

REQUESTED BY: Cynthia Klein, RN, Chairperson

BACKGROUND:

Attached you will find statistics for the Enforcement Division. Please review the information provided.

NEXT STEP: Updates will be provided to the committee and board at each meeting. Follow directions given by committee and/or board.

FISCAL IMPACT, IF ANY: None at this time

PERSON TO CONTACT: Kathy Hodge, Deputy Chief of Complaints and Investigations
(916) 574-7678

Beth Scott, Deputy Chief of Discipline, Probation and Diversion
(916) 574-8187

COMPLAINT INTAKE

COMPLAINTS	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	MAR-13	APR-13	YTD
RECEIVED	158	403	310	205	150	198	145	223	167	305	2264
CLOSED W/O INV ASSIGNMENT	32	44	26	47	52	29	40	39	52	41	402
ASSIGNED FOR INVESTIGATION	101	351	301	185	154	112	149	117	171	239	1880
AVG DAYS TO CLOSE OR ASSIGN	22	6	10	48	20	10	38	30	21	13	20
PENDING	163	173	156	130	74	131	87	153	97	120	120

CONVICTIONS/ARREST REPORTS	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	MAR-13	APR-13	YTD
RECEIVED	511	406	361	400	382	506	437	401	419	485	4308
CLSD/ASSGND FOR INVESTIGATION	497	338	401	400	421	476	452	418	399	493	4295
AVG DAYS TO CLOSE OR ASSIGN	4	8	9	14	10	6	14	7	9	11	9
PENDING	89	157	117	117	78	108	93	76	96	88	88

TOTAL INTAKE	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	MAR-13	APR-13	YTD
RECEIVED	669	809	671	605	532	704	582	624	586	790	6572
CLOSED W/O INV ASSIGNMENT	50	49	33	65	61	41	53	48	62	59	521
ASSIGNED FOR INVESTIGATION	580	684	695	567	566	576	588	526	560	714	6056
AVG DAYS TO CLOSE OR ASSIGN	8	7	10	27	13	7	21	13	13	12	13
PENDING	252	330	273	247	152	239	180	229	193	208	208

INVESTIGATIONS

DESK INVESTIGATIONS	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	MAR-13	APR-13	YTD
ASSIGNMENTS	581	681	696	566	565	576	591	526	562	718	6062
CLOSED	639	678	664	808	685	613	596	553	637	770	6643
AVERAGE DAYS TO CLOSE	159	136	147	140	128	131	106	131	125	141	135
PENDING	3685	3615	3594	3242	3058	2970	2919	2854	2718	2593	2593

FIELD INVESTIGATIONS:NON-SWORN	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	MAR-13	APR-13	YTD
ASSIGNMENTS	8	23	30	44	15	11	24	16	34	39	244
CLOSED	14	2	12	10	19	16	33	21	25	39	191
AVERAGE DAYS TO CLOSE	988	766	694	726	634	710	839	778	701	719	754
PENDING	460	480	498	531	527	522	484	476	484	484	484

FIELD INVESTIGATIONS:SWORN	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	MAR-13	APR-13	YTD
ASSIGNMENTS	47	53	22	67	49	40	47	27	27	31	410
CLOSED	78	61	73	71	67	68	55	62	69	72	676
AVERAGE DAYS TO CLOSE	642	604	568	637	699	568	545	541	592	487	589
PENDING	813	806	755	752	735	707	700	663	620	578	578

ALL INVESTIGATIONS	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	MAR-13	APR-13	YTD
FIRST ASSIGNMENTS	581	682	696	566	566	576	591	527	562	718	6065
CLOSED	731	741	749	889	771	697	684	636	731	881	7510
AVERAGE DAYS TO CLOSE	226	176	196	186	190	187	176	192	189	195	191
PENDING	4958	4901	4847	4525	4320	4199	4103	3993	3822	3655	3655

ALL INVESTIGATIONS AGING	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	MAR-13	APR-13	YTD
UP TO 90 DAYS	403	420	410	467	410	380	428	371	429	495	4213
91 TO 180 DAYS	60	90	101	145	134	88	55	49	49	69	840
181 DAYS TO 1 YEAR	93	96	66	126	81	84	67	81	106	121	921
1 TO 2 YEARS	122	91	124	101	111	108	90	101	105	151	1104
2 TO 3 YEARS	37	41	40	32	25	29	36	24	26	31	321
OVER 3 YEARS	16	3	8	17	10	8	8	10	16	14	110

CLOSED W/O DISCIPLINE REFERRAL	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	MAR-13	APR-13	YTD
CLOSED	532	548	540	650	556	503	531	484	570	681	5595
AVERAGE DAYS TO CLOSE	163	133	136	143	144	134	130	149	133	152	142

ENFORCEMENT ACTIONS

AG CASES	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	MAR-13	APR-13	YTD
AG CASES INITIATED	145	149	168	195	177	157	116	115	129	149	1500
AG CASES PENDING	1521	1488	1562	1680	1768	1852	1874	1942	1944	2016	2016

SOIs/ACCUSATIONS	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	MAR-13	APR-13	YTD
SOIs FILED	13	13	7	18	10	15	11	6	13	10	116
ACCUSATIONS FILED	71	48	75	107	80	87	59	84	153	131	895

SOI DECISIONS/STIPS	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	MAR-13	APR-13	YTD
PROP/DEFLT DECISIONS	8	9	4	1	3	4	10	1	6	1	47
STIPULATIONS	0	14	7	10	7	2	5	1	4	5	55

ACC DECISIONS/STIPS	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	MAR-13	APR-13	YTD
PROP/DEFLT DECISIONS	35	74	14	18	15	21	40	15	49	19	300
STIPULATIONS	47	56	57	26	48	41	32	18	48	32	405

SOI DISCIPLINARY ORDERS	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	MAR-13	APR-13	YTD
SOI FINAL ORDERS (DEC/STIPS)	8	23	11	11	10	6	15	2	10	6	102
AVERAGE DAYS TO COMPLETE	611	539	549	513	593	574	592	499	570	578	563

ACC DISCIPLINARY ORDERS	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	MAR-13	APR-13	YTD
ACC FINAL ORDERS (DEC/STIPS)	82	130	71	44	63	62	72	33	97	51	705
AVERAGE DAYS TO COMPLETE	757	728	864	829	826	734	809	613	819	706	775

TOTAL DISCIPLINARY ORDERS	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	MAR-13	APR-13	YTD
TOTAL FINAL ORDERS (DEC/STIPS)	90	153	82	55	73	68	87	35	107	57	807
TOTAL AVERAGE DAYS TO COMPLETE	744	700	822	766	794	720	772	607	796	693	748

TOTAL ORDERS AGING	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	MAR-13	APR-13	YTD
UP TO 90 DAYS	0	0	0	0	0	0	0	0	0	0	0
91 TO 180 DAYS	0	0	0	0	0	0	1	0	0	1	2
181 DAYS TO 1 YEAR	5	12	3	7	8	3	7	8	10	8	71
1 TO 2 YEARS	50	90	35	21	29	39	42	17	52	24	399
2 TO 3 YEARS	24	30	30	15	21	20	26	10	23	19	218
OVER 3 YEARS	11	21	14	12	15	6	11	0	22	5	117

SOIs WDRWN DSMSSD DCLND	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	MAR-13	APR-13	YTD
SOIs WITHDRAWN	0	1	1	3	0	1	0	0	0	0	6
SOIs DISMISSED	0	0	0	0	0	0	0	0	0	0	0
SOIs DECLINED	0	0	0	0	0	0	0	0	0	0	0
AVERAGE DAYS TO COMPLETE	0	232	333	474	0	679	0	0	0	0	444

ACCUSATIONS WDRWN DSMSSD DCLND	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	MAR-13	APR-13	YTD
ACCUSATIONS WITHDRAWN	0	2	1	2	0	0	2	1	1	1	10
ACCUSATIONS DISMISSED	0	0	0	1	0	0	0	0	3	0	4
ACCUSATIONS DECLINED	1	1	5	8	5	3	1	5	5	0	34
AVERAGE DAYS TO COMPLETE	901	1014	563	496	617	648	854	797	807	713	690

NO DISCIPLINARY ACTION	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	MAR-13	APR-13	YTD
CLOSED W/O DISCIPLINARY ACTION	3	2	0	5	7	0	1	1	6	7	32
AVERAGE DAYS TO COMPLETE	134	437	0	402	355	0	61	4	419	316	330

CITATIONS	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	MAR-13	APR-13	YTD
FINAL CITATIONS	37	77	95	115	75	18	26	45	91	54	633
AVERAGE DAYS TO COMPLETE	571	258	167	152	177	652	364	595	486	460	323

OTHER LEGAL ACTIONS	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	MAR-13	APR-13	YTD
INTERIM SUSP ORDERS ISSUED	0	0	0	2	0	0	0	0	0	1	3
PC 23 ORDERS ISSUED	1	3	0	1	1	1	0	2	0	3	12

PERFORMANCE MEASURES

	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	MAR-13	APR-13	YTD
PM1: COMPLAINTS VOLUME	158	403	310	205	150	198	145	223	167	305	2264
PM1: CONV/ARREST RPRTS VOLUME	511	406	361	400	382	506	437	401	419	485	4308
PM2: CYCLE TIME-INTAKE	8	7	10	27	13	7	21	13	13	12	13
PM3: CYCLE TIME-NO DISCIPLINE	163	133	136	143	144	134	130	149	133	152	142
PM4: CYCLE TIME-DISCIPLINE	724	697	822	736	756	720	764	590	776	652	732

PM1: COMPLAINTS VOLUME - PM1: CONV/ARREST RPRTS VOLUME
Number of Complaints and Convictions/Arrest Orders Received within the specified time period.

PM2: CYCLE TIME-INTAKE
Average Number of Days to complete Complaint Intake during the specified time period.

PM3: CYCLE TIME-NO DISCIPLINE
Average Number of Days to complete Complaint Intake and Investigation steps of the Enforcement process for Closed Complaints not resulting in Formal Discipline during the specified time period.

PM4: CYCLE TIME-DISCIPLINE
Average Number of Days to complete the Enforcement process (Complaint Intake, Investigation, and Formal Discipline steps) for Cases Closed which had gone to the Formal Discipline step during the specified time period.

CALIFORNIA BOARD OF REGISTERED NURSING
ENFORCEMENT STATISTICS
April 30, 2013

STATISTICAL DESCRIPTION	2008-09	2009-10	2010-11	2011-12	2012-13*	Projected FY 2012-13
Complaints Received	5,794	7,483	7,977	7,844	6,572	7,886
Consumer Complaints	3,323	2,190	3,063	2,735	2,264	2,717
Convictions/Arrests	2,471	5,293	4,914	5,109	4,308	5,170
Referred to Diversion Program	400	604	368	1,053	861	1,033
Division of Investigation (Sworn)-Assigned	582	484	835	693	410	492
Division of Investigation Closed	748	1,015	716	648	676	811
Division of Investigation Pending	1,170	641	789	851	578	
BRN Investigations (Non Sworn)-Assigned		58	33	298	244	293
BRN Investigations Closed		14	53	27	191	229
BRN Investigations Pending		40	25	280	484	
BRN Desk Investigations Assigned	5,650	7,865	7,409	7,204	6,062	7,274
BRN Desk Investigations Closed	3,519	7,116	6,668	5,925	6,643	7,972
BRN Desk Investigations Pending	1,677	1,887	2,137	3,029	2,593	
Criminal Actions Filed	22	21	16	9	2	2
Total Cite and Fine Citations Issued	115	181	105	412	633	760
Referred to Attorney General	515	766	1,190	944	1,500	1,800
Cases Pending at Attorney General	692	838	1,198	1,448	1,982	
Petitions to Revoke Probation Filed	59	91	61	55	64	77
Accusations Filed	359	696	913	589	895	1,074
Statements of Issues Filed	14	13	52	132	116	139
Total Pleadings	432	800	1,026	776	1,075	1,290
Orders to Compel Examination (Sec. 820)	4	4	10	12	11	13
Interim Suspension Order	2	8	1	0	2	2
PC23	8	6	7	8	12	14
Applicant Disciplinary Actions:						
(a) License Denied	15	27	55	72	51	61
(b) License Issued on Probation	4	9	14	43	68	82
Total, Applicant Discipline	19	36	69	115	119	143
Licensee Disciplinary Actions:						
(a) Revocation	131	243	273	227	254	305
(b) Probation	139	176	267	225	233	280
(c) Suspension/Probation	6	1	6	3	1	1
(d) License Surrendered	79	92	155	128	150	180
(e) Public Reprimand/Reproval	8	12	37	79	65	78
(f) Decisions Other	5	2	5	3	2	2
Total, Licensee Discipline	368	526	743	665	705	846
Process Used for Discipline (licensees)						
(a) Administrative Hearing	56	58	102	121	92	110
(b) Default Decision	105	206	217	183	208	250
(c) Stipulation	207	262	424	361	405	486
Total	368	526	743	665	705	846

*Fiscal Year to Date

BOARD OF REGISTERED NURSING
Diversion/Discipline Committee
Agenda Item Summary

AGENDA ITEM: 9.4
DATE: June 12, 2013

ACTION REQUESTED: Information Only: Diversion Program Update

REQUESTED BY: Cynthia Klein, RN, Chairperson

BACKGROUND:

Program Update

The Diversion Program has diligently worked with the backlog of complaints. Thanks to the industrious work of the staff, they are now currently working on monthly complaints as they are received. The Diversion Evaluation Committee (DEC) members, however, continue to be challenged by travel claim processing through the CalATERS system. It is a cumbersome process for the members and takes extensive staff time to work in the system. Lengthy payment delays continue to occur. As a result several DEC members do not request travel reimbursement. Staff continues to work with members to complete the process.

On April 24, Carol Stanford, the Program Manager, along with Virginia Matthews, Maximus Director, Stephanie Trumm and Board staff conducted a presentation to several Deputy Attorneys General and legal staff at the Sacramento Attorney General's Office regarding nurses suffering from substance use disorders, mental illness and the Diversion Program. The presentation was well received. Several questions were answered to help the attorneys get a better understanding of substance abuse as it relates to substance use disorders, nursing and the Diversion Program. They indicated the information was so valuable that they would like to have the presenters return to provide additional training when their new attorneys are hired.

Contractor Update

Maximus has selected and hired a new clinical case manager. Details and specific information regarding the new employee will be provided at a later date.

Diversion Evaluation Committees (DEC)

There are currently four vacancies at this time: one public, one registered nurse, and two physician positions. Recruitment efforts continue.

Statistics

The Statistical Summary Report for February and March, 2013 is attached. As of March 30, 2013, there were 1,753 successful completions.

NEXT STEP:	None
FISCAL IMPACT, IF ANY:	None at this time.
PERSON TO CONTACT:	Carol Stanford, Diversion Program Manager (916) 574-7616

BOARD OF REGISTERED NURSING
DIVERSION PROGRAM
STATISTICAL SUMMARY
February 1, 2013 - March 31, 2013

	CURRENT MONTHS	YEAR TO DATE (FY)	PROGRAM TO DATE
INTAKES COMPLETED	45	161	4,615
INTAKE INFORMATION			
Female	29	126	3,611
Male	16	35	977
Unknown	0	0	27
Average Age	30-49		
Most Common Worksite	Hospital		
Most Common Specialty	Critical Care		
Most Common Substance Abused	Alcohol/Vicodin		
PRESENTING PROBLEM AT INTAKE			
Substance Abuse (only)	21	73	2,949
Mental Illness (only)	2	6	153
Dual Diagnosis	22	77	1,461
Undetermined	0	5	52
REFERRAL TYPE*			
Board	36	131	3,335
Self	9	30	1,280
*May change after Intake			
ETHNICITY (IF KNOWN) AT INTAKE			
American Indian/Alaska Native	0	2	33
Asian/Asian Indian	1	8	100
African American	1	3	142
Hispanic	6	16	186
Native Hawaiian/Pacific Islander	1	1	20
Caucasian	36	129	3,803
Other	0	2	65
Not Reported	0	0	266
CLOSURES			
Successful Completion	17	84	1,753
Failure to Derive Benefit	0	2	117
Failure to Comply	1	9	947
Moved to Another State	0	0	51
Not Accepted by DEC	1	2	49
Voluntary Withdrawal Post-DEC	2	8	311
Voluntary Withdrawal Pre-DEC	7	14	457
Closed Public Risk	8	17	263
No Longer Eligible	0	3	13
Clinically Inappropriate	1	6	18
Client Expired	0	0	38
Sent to Board Pre-DEC	0	0	1
TOTAL CLOSURES	37	145	4,018
NUMBER OF PARTICIPANTS: 470 (as of March 31, 2013)			

BOARD OF REGISTERED NURSING
Diversion/Discipline Committee Meeting
Agenda Item Summary

AGENDA ITEM: 9.4.1
DATE: May 8, 2013

ACTION REQUESTED: Diversion Evaluation Committee Members

REQUESTED BY: Stacie Berumen, Assistant Executive Officer

BACKGROUND:

In accordance with B & P Code Section 2770.2, the Board of Registered Nursing is responsible for appointing persons to serve on the Diversion Evaluation Committees. Each Committee for the Diversion Program is composed of three registered nurses, a physician and a public member with expertise in substance use disorders and/or mental health.

APPOINTMENT

Below is the name of the candidate who is being recommended for appointment to the Diversion Evaluation Committees (DEC). Her application and résumé is attached. If appointed, her term will expire June 30, 2017.

NAME	TITLE	DEC	NO
Karen Mitchell	Nurse	San Diego	10

REAPPOINTMENTS

Below are the names of candidates who are being recommended for reappointment to the Diversion Evaluation Committees (DEC). Their applications and résumés are attached. If appointed, their terms will expire June 30, 2017.

NAME	TITLE	DEC	NO
Cathy Horowitz	Nurse	Sacramento	1
Kathleen Coe	Nurse	Ontario	9
Anna Seiders	Nurse	Ontario	9

Below are the names of candidates who are being recommended for term extensions to the Diversion Evaluation Committees (DEC). Their applications and résumés are attached. If appointed, their terms will expire June 30, 2016.

NAME	TITLE	DEC	NO
Gordon Ogden	Nurse	Fresno	5
Janis Jones	Nurse	Palm Springs	6
Duane Anderson	Nurse	Burbank	8
Sara Cardiner	Nurse	Burbank	8

Below are the names of candidates who are being recommended for term extensions to the Diversion Evaluation Committees (DEC). Their applications and résumés are attached. If appointed, their terms will expire June 30, 2015.

NAME	TITLE	DEC	NO
Bobbie Leva	Nurse	Burbank	8
Rosemary Miller	Nurse	Oakland	13
Sharon Fritz	Nurse	Sacramento	12

TRANSFER

Below is the name of the DEC member who is being recommended for a transfer from one DEC committee to another.

NAME	TITLE	DEC	NO
Scott Reiter	Physician	Los Angeles	3
Tonia Jones	Nurse	Santa Ana	14

NEXT STEP: Continue recruiting efforts

FISCAL IMPACT, IF ANY: None

PERSON TO CONTACT: Carol Stanford, Diversion Program Manager
(916) 574-7616

BOARD OF REGISTERED NURSING
Diversion/Discipline Committee
Agenda Item Summary

AGENDA ITEM: 9.5
DATE: June 12, 2013

ACTION REQUESTED: Consideration of Enforcement-Related Regulation Proposals to Amend Title 16

- California Code of Regulations, Article 1, Section 1403, Delegation of Certain Functions
- California Code of Regulations, Article 2, Section 1410, Application
- California Code of Regulations, Article 4, Section 1441, Unprofessional Conduct
- California Code of Regulations, Article 4, Section 1443.6, Required Actions Against Registered Sex Offenders
- California Code of Regulations, Article 4, Section 1444.5, Disciplinary Guidelines

REQUESTED BY: Cynthia Klein, RN, Chairperson

BACKGROUND:
The Department of Consumer Affairs recommended that all boards adopt the DCA Consumer Protection Enforcement Initiative (CPEI). The goal of CPEI is to enhance the disciplinary process and reduce the timeframe for completion of cases to 12 – 18 months. In January 2011, the Board promulgated a regulatory proposal implementing elements of CPEI for which it had statutory authority. Public comments were received and a hearing was held March 3, 2011. After reconsideration of the regulatory proposal and taking into consideration public comments, the Board made modifications to the proposal and the modified language was noticed for 15-day public comment in July, 2011. Public comments were received for the modified proposal; the Board did not take action on the comments. Because there was no Board for a period of time in the beginning of 2012, the final rulemaking file was not submitted to the Office of Administrative Law within the required one-year time frame and the Board must re-notice the regulatory proposal.

The regulatory proposal that was noticed in July, 2011, is attached and includes both the initial and modified language. The initial changes are designated by single underline and ~~strikeout~~ and the modified language is designated by double underline and ~~strikeout~~. The Diversion/Discipline Committee (DDC) recommendation for the proposed regulatory change is also included.

Following is a summary of the initial changes, proposed modifications, and the DDC recommendations.

Amend Section 1403 – Delegation of Certain Functions
Delegate to the Executive Officer the authority to approve settlement agreements for the revocation, surrender, or interim suspension of a license.

Modification: Added requirement that settlements approved by the Executive Officer be reported to the Board at regularly scheduled Board meetings.

DDC Recommendation: Proceed with proposed amendment as modified.

Amend Section 1410 – Application
Require an applicant to undergo an evaluation and/or examination if it appears the applicant may be unable to practice nursing safely due to mental and/or physical illness. The Board is required to pay for

the examination.

Modification: Delete proposed amendment.

DDC Recommendation: None

Adopt Section 1441 – Unprofessional Conduct
Specify that "unprofessional conduct" also includes, but is not limited to: 1) including or attempting to include in civil settlement agreements provisions that prevent a person from contacting, cooperating with, or filing a complaint with the Board, or requiring that a person attempt to withdraw a complaint already filed with the Board, i.e., inclusion of "gag clause"; 2) failure to provide lawfully requested records or medical records that are under the licensee's control; 3) failure to cooperate and participate in a Board investigation; 4) failure to report to the Board specified actions against the licensee such as an indictment or information charging a felony, arrest, or conviction; and 5) refusal or failure to comply with a court order mandating the release of records to the Board.

Modifications: Delete 1 "gag clause"; change "medical records" to "documents" in 2; delete reporting of indictment or charging of a felony, and arrest in 4.

(Business and Professions Code Section 143.5 (AB 2570, Stats 2012, chap. 561) became effective January 1, 2013, and codifies the proposed regulatory language relative to "gag clauses."

DDC Recommendation: Proceed with proposed amendments and modification except for failure to report indictment or information charging a felony and failure to report an arrest. The DDC does not have a recommendation for the reporting of indictments or information charging a felony, or arrests.

Adopt Section 1443.6 – Required Actions Against Registered Sex Offenders
If an applicant for licensure, licensee, or petitioner for reinstatement of a revoked license is required to register as a sex offender, the Board shall deny the application or revoke the license. Exceptions to the mandatory disciplinary action are specified.

Modification: Delete the proposed amendment.

DDC Recommendation: Delete the proposed amendment.

Amend Section 1444.5 – Disciplinary Guidelines
Require that an Administrative Law Judge's proposed decision must be to revoke the license, if there is a finding of fact that the licensee: 1) has had "sexual contact," as defined, with a patient; or 2) has committed an act or been convicted of a sex offense, as specified. The proposed decision cannot contain an order staying the revocation.

Modifications: None

DDC Recommendation: Proceed with the proposed amendment.

PUBLIC COMMENTS: A summary of the public comments for both the initial and modified proposals is attached.

NEXT STEPS: Proceed with the regulatory process.

FISCAL IMPACT, IF ANY:

PERSON TO CONTACT: Geri Nibbs, MN, RN
Nursing Education Consultant
916-574-7682

MODIFIED TEXT

BOARD OF REGISTERED NURSING

Specific Language of Proposed Changes

Initial changes are designated by single underline and ~~strikeout~~ and the modified language is designated by double underline and ~~strikeout~~.

1403. Delegation of Certain Functions.

(a) The power and discretion conferred by law upon the board to receive and file accusations; issue notices of hearing, statements to respondent and statements of issues; receive and file notices of defense; determine the time and place of hearings under Section 11508 of the Government Code; issue subpoenas and subpoenas duces tecum; set and calendar cases for hearing and perform other functions necessary to the efficient dispatch of the business of the board in connection with proceedings under the provisions of Sections 11500 through 11528 of the Government Code, prior to the hearing of such proceedings; to approve settlement agreements for the revocation, surrender or interim suspension of a license; and the certification and delivery or mailing of copies of decisions under Section 11518 of said Code are hereby delegated to and conferred upon the executive officer, or, in his/her absence from the office of the board, his/her designee.

(b) All settlement agreements for the revocation, surrender, or interim suspension of a license approved pursuant to section 1403(a) shall be reported at regularly scheduled board meetings.

NOTE: Authority cited: Section 2715, Business and Professions Code. Reference: Section 2708, Business and Professions Code.

DDC RECOMMENDATION: Proceed with proposed amendment as modified.

1410. Application.

(a) An application for a license as a registered nurse by examination shall be submitted on an application form provided by the board, and filed with the board at its office in Sacramento. An application shall be accompanied by the fee and such evidence, statements or documents as therein required including evidence of eligibility to take the examination. The applicant shall submit an additional application and fee for the examination to the board or to its examination contractor, as directed by the board. The ~~B~~board shall provide the contractor's application to the applicant. No license shall be issued without a complete transcript on file indicating successful completion of the courses prescribed by the board for licensure or documentation deemed equivalent by the ~~B~~board.

(b) An application for a license as a registered nurse without examination under the provisions of Section 2732.1 (b) of the code shall be submitted on an application form prescribed and provided by the board, accompanied by the appropriate fee and by such evidence, statements, or documents as therein required, and filed with the board at its office in Sacramento.

(c) The applicant shall be notified in writing of the results of the evaluation of his/her application for license if the application is rejected.

~~(d) In addition to any other requirements for licensure, whenever it appears that an applicant for a license may be unable to practice nursing safely because the applicant's ability to practice may be impaired due to mental illness, or physical illness affecting competency, the board may require the applicant to be examined by one or more physicians and surgeons or psychologists designated by the~~

~~board. The board shall pay the full cost of such examination. An applicant's failure to comply with the requirement shall render his or her application incomplete.~~

~~The report of the evaluation shall be made available to the applicant.~~

NOTE: Authority cited: Section 2715, Business and Professions Code. Reference: Sections 480, ~~820~~, 2729, 2732.1, 2733, 2736, 2736.5, 2736.6, 2737 and 2815, Business and Professions Code.

DDC RECOMMENDATION: None

1441. Unprofessional Conduct.

In addition to the conduct described in Section 2761 (a) of the Code, "unprofessional conduct" also includes, but is not limited to, the following:

~~(a) Including or permitting to be included any of the following provisions in an agreement to settle a civil dispute arising from the licensee's practice, whether the agreement is made before or after the filing of an action:~~

~~(1) A provision that prohibits another party to the dispute from contacting, cooperating, or filing a complaint with the board.~~

~~(2) A provision that requires another party to the dispute to attempt to withdraw a complaint the party has filed with the board.~~

~~(b)~~ (a) Failure to provide to the board, as directed, lawfully requested copies of documents within 15 days of receipt of the request or within the time specified in the request. whichever is later, unless the licensee is unable to provide the documents within this time period for good cause, including but not limited to, physical inability to access the records in the time allowed due to illness or travel. This subsection shall not apply to a licensee who does not have access to, and control over, ~~medical records~~ the documents.

~~(c)~~ (b) Failure to cooperate and participate in any board investigation pending against the licensee. This subsection shall not be construed to deprive a licensee of any privilege guaranteed by the Fifth Amendment to the Constitution of the United States, or any other constitutional or statutory privileges. This subsection shall not be construed to require a licensee to cooperate with a request that would require the licensee to waive any constitutional or statutory privilege or to comply with a request for information or other matters within an unreasonable period of time in light of the time constraints of the licensee's practice. Any exercise by a licensee of any constitutional or statutory privilege shall not be used against the licensee in a regulatory or disciplinary proceeding against the licensee.

~~(d)~~ (c) Failure to report to the board, within 30 days, any of the following:

~~(1) The bringing of an indictment or information charging a felony against the licensee.~~

~~(2) The arrest of the licensee.~~

~~(3)~~ (1) The conviction of the licensee, including any verdict of guilty, or pleas of guilty or no contest, of any felony or misdemeanor.

~~(4)~~ (2) Any disciplinary action taken by another licensing entity or authority of this state or of another state or an agency of the federal government or the United States military.

~~(e)~~ (d) Failure or refusal to comply with a court order, issued in the enforcement of a subpoena, mandating the release of records to the board.

NOTE: Authority cited: Section 2715, Business and Professions Code. Reference: Sections 2761 and 2765, Business and Professions Code.

DDC RECOMMENDATION: Proceed with proposed amendments and modification except for failure to report indictment or information charging a felony and failure to report an arrest. The DDC does not have a recommendation for the reporting of indictments or arrests.

~~**1443.6. Required Actions Against Registered Sex Offenders.**~~

~~(a) Except as otherwise provided, if an individual is required to register as a sex offender pursuant to Section 290 of the Penal Code, or the equivalent in another state or territory, or military or federal law, the board shall:~~

~~(1) Deny an application by the individual for licensure, in accordance with the procedures set forth in Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.~~

~~(2) Promptly revoke the license of the individual, in accordance with the procedures set forth in Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, and shall not stay the revocation nor place the license on probation.~~

~~(3) Deny any petition to reinstate or reissue the individual's license.~~

~~(b) This section shall not apply to any of the following:~~

~~(1) An individual who has been relieved under Section 290.5 of the Penal Code of his or her duty to register as a sex offender, or whose duty to register has otherwise been formally terminated under California law or the law of the jurisdiction that required registration.~~

~~(2) An individual who is required to register as a sex offender pursuant to Section 290 of the Penal Code solely because of a misdemeanor conviction under Section 314 of the Penal Code; provided, however, that nothing in this paragraph shall prohibit the board from exercising its discretion to discipline a licensee under any other provision of state law based upon the licensee's conviction under Section 314 of the Penal Code.~~

~~(3) Any administrative proceeding that is fully adjudicated prior to the effective date of this regulation. A petition for reinstatement of a revoked or surrendered license shall be considered a new proceeding for purposes of this paragraph, and the prohibition in subsection (a) against reinstating a license shall govern.~~

~~NOTE: Authority cited: Section 2715, Business and Professions Code. Reference: Sections 480, 2736, 2750, 2759, and 2760.1, Business and Professions Code; and Section 11425.50, Government Code.~~

DDC RECOMMENDATION: Delete the proposed amendment.

1444.5. Disciplinary Guidelines.

In reaching a decision on a disciplinary action under the Administrative Procedure Act (Government Code Section 11400 et seq.), the ~~B~~board shall consider the disciplinary guidelines entitled: "Recommended Guidelines for Disciplinary Orders and Conditions of Probation" (1 0/02)<u>,</u> which are hereby incorporated by reference. Deviation from these guidelines and orders, including the standard terms of probation, is appropriate where the board<u>,</u> in its sole discretion<u>,</u> determines that the facts of the particular case warrant such a deviation -for example, the presence of mitigating factors; the age of the case; evidentiary problems.

<u>Notwithstanding the disciplinary guidelines, any proposed decision issued in accordance with the procedures set forth in Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code that contains any finding of fact that the licensee engaged in any acts of sexual contact, as defined in subdivision (c) of Section 729 of the Code, with a patient, or has committed an act or been convicted of a sex offense as defined in Section 44010 of the Education Code, shall contain an order revoking the license. The proposed decision shall not contain an order staying the revocation of the license.</u>

NOTE: Authority cited: Section 2715, Business and Professions Code; and Section 11400.20, Government Code. Reference: Sections <u>726, 729</u>, 2750, 2759, 2761 and 2762, Business and Professions Code; <u>Section 44010, Education Code</u>; and Sections ~~11400.20 and~~ 11425.50~~(c)~~, Government Code.

DDC RECOMMENDATION: Proceed with proposed amendment.

SUMMARY OF PUBLIC COMMENTS
INITIAL REGULATORY PROPOSAL

The public comment period for the Board's Enforcement Regulation Proposals ended March 3, 2011. Twenty-four written responses were received and copies of the responses were sent to Board members. The respondents consisted of 19 individuals and five organizations: American Nurses Association-California (ANA-C); California Nurses Association (CNA), California Student Nurses Association (CSNA); CSNA– Fresno; and the Center for Public Interest Law (CPIL). No one testified at the public hearing. CPIL supports all the proposed changes. ANA-C supports all the proposed changes, except the mandatory reporting of arrests; only one respondent supported the reporting of arrests. CNA continues to seek clarification on the Board's authority for enactment of the proposed regulatory action as well as rationale for the selection of these specific elements of the Consumer Protection Enforcement Initiative. They opposed the new requirement for applicants and the reporting of arrests and charges, and opposed, unless amended, delegating specified functions to the Executive Officer and the requirement to comply with records requests. CNA and two other respondents recommended amendments. Following is a summary of the recommended amendments.

Amend Section 1403 - Delegation of Certain Functions

Delegate to the Executive Officer the authority to approve settlement agreements for the revocation, surrender, or interim suspension of a license.

Recommended amendments:

1. Require that any actions taken pursuant to this new authority be publicly reported to the Board.
2. Clarify in proposed regulations which types of settlement cases will be retained under the current voting process by the Board members.
3. Change the words "settlement agreement for interim suspension" to words that can be easily distinguished from the order obtained pursuant to Business and Professions Code (BPC), Section 494.
4. Change "in his/her absence from office" to "when unavailable" or other words that convey the circumstances when the Executive Officer in not capable of taking action.

Section 1410 – Application

Require an applicant for licensure to undergo an evaluation and/or examination if it appears the applicant may be unable to practice nursing safely due to mental and/or physical illness. The Board is required to pay for the examination.

Recommended amendments:

1. Change the language to make it consistent with the authority provided in Section 820 of the BPC, i.e., an applicant's failure to comply is grounds for denial of license.
2. Add and clarify the process to be used to require the applicant to take an examination.
3. Clarify and add the disciplinary options applied to applicants, e.g., license denial, conditional (probationary license), just as in BPC, Section 822, for licensees.
4. Delete based on lack of statutory authority.

Section 1441 - Unprofessional Conduct

Defines specified acts as unprofessional conduct.

(a) Including or permitting "gag clauses" to be included in an agreement to settle a civil law suit.

Recommended amendment: Delete based on lack of statutory authority. The term "civil dispute" is unclear.

(b) Failure to provide lawfully requested copies of documents. The Section does not apply to a licensee who does not have access to or control over, medical records.

Recommended amendment: Change "medical records" to "records."

(d)(1) Report indictment or information charging a felony.

Recommended amendment: Delete based on lack of fairness, punitive, and process issues.

(d)(2) Report arrest to the board.

Recommended amendment: Delete based on lack of fairness, punitive, and process issues.

Section 1443.6-Required Actions Against Registered Sex Offenders

Sets forth the disciplinary action to be taken by the Board if an applicant for licensure, licensee, or petitioner for reinstatement of a revoked license is required to register as a sex offender, and specifies the circumstances in which the Section does not apply. Subsection (b)(2) exempts from the provision of this regulation an individual who is required to register as a sex offender pursuant to Section 290 of the Penal Code solely because of a misdemeanor conviction under Section 314 of the Penal Code (indecent exposure.)

Recommended amendments:

1. Delete (b)(2) and/or provide clarification for the exemption.
2. Introduce additional proposed regulations with absolute bars to licensure for greater preemptive and preventative public protection.

SUMMARY OF PUBLIC COMMENTS PROPOSED MODIFIED TEXT

The public comment period for the proposed modified text ended July 27, 2011, and three responses were received:

Department of Consumer Affairs: The BRN should maintain the deleted provisions because they represent a valuable addition to the BRN's available techniques to monitor licensees and protect California's constituents. Rationale was provided for inclusion of the deleted items.

Center for Public Interest Law: Requested reconsideration of each of the deleted items and presented: "(1) the precedents at other health care boards from which BRN is departing; (2) additional pending precedents in the form of other health care boards which are currently considering the addition of the regulations that BRN now proposes to delete from its rulemaking package; (3) a compilation of the comments made to the BRN during the rulemaking proceedings; and (4) argument why each deleted provision should be added back into the rulemaking package."

Consumer – Elliot Hochberg
Section 1410 – Application Noted that mental-health related language already exists in the Disciplinary Guidelines' Policy Statement on Denial of Licensure." Recommend enhancing enforcement- related regulation and deleting language here. Requirement for physical examination could be added.

Section 1443.6 – Required Action Against Registered Sex Offenders: Recommended maintain the language, but move to 1444.5.

Other comments/recommendations were included by respondent, but were not responsive to the proposed modifications.

BOARD OF REGISTERED NURSING
Nursing Practice Committee
Agenda Item Summary

AGENDA ITEM: 10.1
DATE: June 12, 2013

ACTION REQUESTED: Approve/Not Approve advisory statement for RNs and NPs and CNMs

1. Information about Medical Assistants
2. Nurse Practitioner and Nurse-Midwives Supervision of Medical Assistant

REQUESTED BY: Trande Phillips, Chairperson, Nursing Practice Committee

BACKGROUND:
The Medical Assistant documents titled Information about Medical Assistant and Nurse Practitioner and Nurse-Midwives Supervision of Medical Assistants were updated to contain current information that also included the Medical Board of California Website. (http://www.mbc.ca.gov/allied/medical_assistants.html)

For the convenience of the public the website information is a hyperlink to the Medical Board's website regarding Medical Assistant information.

The Practice Committee was informed of two groups interested medical assistant practices, including expanding practices.

1. Innovative Workforce Models in Health Care-Utilizing medical assistants in expanded roles in primary care. December 7, 2012 Center for the Health Professions University of California, San Francisco

2. DACUM Competency Profile for Medical Assistant, revised September 27, 2012 and produced by California Community College Economic Workforce Development Program, Health Workforce Initiative, 3536 Butt Campus Drive, Oroville, CA 95965. (530) 879-9049

FISCAL IMPACT, IF ANY: None

PERSON TO CONTACT: Janette Wackerly, MBA, RN, SNEC
Supervising Nursing Education Consultant
916-574-7600

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMUND G. BROWN JR.
BOARD OF REGISTERED NURSING
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Louise R. Bailey, MEd, RN, Executive Officer

REGISTERED NURSES
INFORMATION ABOUT MEDICAL ASSISTANT

Medical assistants are unlicensed individuals who perform non-invasive routine technical services under the supervision of a licensed physician and surgeon or podiatrist in a medical office or clinic setting.

The supervising physician and surgeon or podiatrist must be on the premises in order for the medical assistant to perform those non-invasive technical support services.

A copy of the Business and Professions Code, the Health and Safety Code, and the California Code of Regulations, relating to the scope of practice of medical assistants in the State of California, may be obtained on the Medical Board Website.

The Medical Board on its website provides a list of "Frequently Asked Questions" addressing the appropriate training, supervision, and scope of practice issues, is available to assist members of the public and professionals to understand the role of medical assistant within the health care system.

For information regarding medical assistants please use the Medical Board of California website: http://www.mbc.ca.gov/allied/medical_assistants.html

Medical Board of California information includes:

Medical assistants may obtain "certified" status through private agencies approved by the Medial Board of California.

A list of "Frequently Asked Question" addressing the appropriate training, supervision, and scope of practice issues is available to assist members of the public and professionals to understand the role of medical assistant within the health care system.

A copy of the Business and Profession Code, Health and Safety Code, and the California Code of Regulations relating to the scope of practice of medical assistants in the State of California, may be obtained from the Medical Board of California website: http://www.mbc.ca.gov/allied/medical_assistants.html

Medical Board of California: www.mbc.ca.gov
Medical Assistant: http://www.mbc.ca.gov/allied/medical_assistants.html
Business and Professions Code: http://www.leginfo.ca.gov
California Code of Regulation: http://www.oal.ca.gov/ccr.htm

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Louise R. Bailey, MEd, RN, Executive Officer

INFORMATION ABOUT MEDICAL ASSISTANT

Medical Board of California
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815
(916) 263-2382

Medical Board of California: www.mebd.ca.gov
Medical Assistant: http://www.medbd.ca.gov/allied/medical_assistant.html
Business and Professions Code: http://www.leginfo.ca.gov
California Code of Regulation: http://www.ccr.oal.ca.gov

Medical assistant are unlicensed individuals who perform non-invasive routine technical services under the supervision of a licensed physician and surgeon or podiatrist in a medical office or clinic setting. The supervising physician and surgeon or podiatrist must be on the premises in order for the medical assistant to perform those non-invasive technical support services.

A copy of the Business and Professions Code, the Health and Safety Code, and the California Code of Regulations, relating to the scope of practice of medical assistants in the State of California, may be obtained on the Medical Board Website.

The Medical Board on its website provides a list of "Frequently Asked Questions" addressing the appropriate training, supervision, and scope of practice issues, is available to assist members of the public and profession to understand the role of medical assistant within the health care system.

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NURSE PRACTITIONERS & NURSE-MIDWIVES- SUPERVISION OF MEDICAL ASSISTANTS

Legislation enacted during 2001-2002 Session

SB 111, Chapter 358 (Alpert) was signed by Governor Gray Davis on September 26, 2001 and becomes effective January 1, 2002. Per Business & Profession Code Section 2069(a)(1) and Health & Safety Code 1204 (A) & (B), a supervising physician and surgeon at a "community clinic" or "free clinic" may, at his or her discretion, in consultation with the nurse practitioner, nurse-midwife, or physician assistant provide written instructions to be followed by a medical assistant in the performance of tasks or supportive services. The written instructions may provide that the supervisory function for the medical assistant for these tasks or supportive services may be delegated to the nurse practitioner, nurse-midwife, or physician assistant and that tasks may be performed when the supervising physician and surgeon are not on site. This delegation to the nurse practitioner or nurse midwife is limited to those licensed clinics under Health and Safety Code 1204.

Background

Medical assistants are unlicensed personnel who perform non-invasive routine technical support services under the supervision of the physician and surgeon, or podiatrist in a medical office or clinic setting. The supervising physician and surgeon or podiatrist must be on the premises in order for the medical assistant to perform those non-invasive technical support services. The **exception** as outlined in the above paragraph where BPC Section 2069 (a)(1) and Health and Safety Code 1204 (A) community clinic and (B) "free clinic" where the physician and surgeon may delegate through written instructions that the nurse practitioner, nurse mid-wife, or physician assistant may provide the supervisory function for the medical assistant when the supervising physician is not on site.

For information regarding medical assistant please use the Medical Board of California website: http://www.mbs.ca.gov/allied/medical_assistants.html

Medical Board of California information includes:

*Medical assistants may obtain "certified" status through private agencies approved by Medical Board of California.

*A list of "Frequently Asked Question" addressing the appropriate training, supervision, and scope of practice issues is available to assist members of the public and profession to understand the role of medical assistant within the health care system.

*A copy of the Business and Profession Code, Health and Safety Code, and the California Code of Regulations relating to the scope of practice of medical assistants in the State of California, may be obtained from the Medical Board of California website: http://www.mbs.ca.gov/allied/medical_assistants.html

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Medical Board of California link for medical assistant
http://www.mbc.ca.gov/allied/medical assistant. training.html.
Business and Professions Code 2069 (a) (1) and Health and Safety Code 1240 link is
http://www.leginfo.ca.gov

SB 111, Chapter 358 (Alpert) was signed by Governor Gray Davis on September 26, 2001 and became effective January 1, 2002. Business & Profession Code Section 2069(a)(1) and Health & Safety Code 1204 a supervising physician and surgeon at a community clinic or free clinic as licensed pursuant to Health and Safety Code 1204 may, at his or her discretion, in consultation with the nurse practitioner, nurse-midwife, or physician assistant provide written instructions to be followed by a medical assistant in the performance of tasks or supportive services. The written instructions may provide that the supervisory function for the medical assistant for these tasks or supportive services may be delegated to the nurse practitioner, nurse-midwife, or physician assistant and that tasks may be performed when the supervising physician and surgeon are not on site. This delegation to the nurse practitioner or nurse midwife is limited to those licensed clinics under Health and Safety 1240.

The classification of medical assistants is defined under the provisions of the Medical Practice Act (Business and Professions Code section 2069-2071) as a person who may be unlicensed who performs basic administration, clerical, and technical support services under the supervision of a licensed physician or podiatrist.

Under the law “technical supportive services” are simple, routine medical tasks and procedures that may be safely performed by a medical assistant who has limited training and functions under the supervision of a licensed physician or podiatrist. “Supervision” is defined to require the licensed physician or podiatrist to be physically present in the treatment facility during the performance of those procedures. The only exception is contained in Business and Professions Code 2069 (a)(1) and Health and Safety Code section 1204. For those clinics licensed pursuant to section 1204, the supervising physician and surgeon may, at his or her discretion, in consultation with the nurse practitioner, nurse midwife, and physician assistant provide written instructions to be followed by the medical assistant in the performance of tasks and supportive services. These written instructions may provide that the supervisory function for medical assistant for these tasks or supportive services may be delegated to the nurse practitioner, nurse midwife within standardized procedures or protocols and that the tasks may be performed when the supervising physician and surgeon in not onsite as long as the NP and CNM are functioning by approved standardized procedures as required (Business and Professions Code 2069 (a) (1).

Business and Professions Code
2069. (a) (1) Notwithstanding any other provision of law, a medical assistant may administer medication only by intradermal, subcutaneous, or intramuscular injections and perform skin tests and additional technical supportive services upon the specific authorization and supervision of a licensed physician and surgeon or a licensed podiatrist. A medical assistant may also perform all these tasks and services in a clinic licensed pursuant to subdivision (a) of Section 1204 of the Health and Safety Code upon the specific authorization of a physician assistant, a nurse practitioner, or a nurse-midwife.

(2) The supervising physician and surgeon at a clinic described in paragraph (1) may, at his or her discretion, in consultation with the nurse practitioner, nurse-midwife, or physician assistant provide written instructions to be followed by a medical assistant in the performance of tasks or supportive services. These written instructions may provide that the supervisory function for the medical assistant for these tasks or supportive services may be delegated to the nurse practitioner, nurse-midwife, or physician assistant within the standardized procedures or protocol, and that tasks may be performed when the supervising physician and surgeon is not onsite, so long as the following apply:
(A) The nurse practitioner or nurse-midwife is functioning pursuant to standardized procedures, as defined by Section 2725, or protocol. The standardized procedures or protocol shall be developed and approved by the supervising physician and surgeon, the nurse practitioner or nurse-midwife, and the facility administrator or his or her designee.
(B) The physician assistant is functioning pursuant to regulated services defined in Section 3502 and is approved to do so by the supervising physician or surgeon.
(b) As used in this section and Sections 2070 and 2071, the following definitions shall apply:
(1) "Medical assistant" means a person who may be unlicensed, who performs basic administrative, clerical, and technical supportive services in compliance with this section and Section 2070 for a licensed physician and surgeon or a licensed podiatrist, or group thereof, for a medical or podiatry corporation, for a physician assistant, a nurse practitioner, or a nurse-midwife as provided in subdivision (a), or for a health care service plan, who is at least 18 years of age, and who has had at least the minimum amount of hours of appropriate training pursuant to standards established by the Division of Licensing. The medical assistant shall be issued a certificate by the training institution or instructor indicating satisfactory completion of the required training. A copy of the certificate shall be retained as a record by each employer of the medical assistant.
(2) "Specific authorization" means a specific written order prepared by the supervising physician and surgeon or the supervising podiatrist, or the physician assistant, the nurse practitioner, or the nurse-midwife as provided in subdivision (a), authorizing the procedures to be performed on a patient, which shall be placed in the patient's medical record, or a standing order prepared by the supervising physician and surgeon or the supervising podiatrist, or the physician assistant, the nurse practitioner, or the nurse-midwife as provided in subdivision (a), authorizing the procedures to be performed, the duration of which shall be consistent with accepted medical practice. A notation of the standing order shall be placed on the patient's medical record.
(3) "Supervision" means the supervision of procedures authorized by this section by the following practitioners, within the scope of their respective practices, who shall be physically present in the treatment facility during the performance of those procedures:
(A) A licensed physician and surgeon.
(B) A licensed podiatrist.
(C) A physician assistant, nurse practitioner, or nurse-midwife as provided in subdivision (a).

(4) "Technical supportive services" means simple routine medical tasks and procedures that may be safely performed by a medical assistant who has limited training and who functions under the supervision of a licensed physician and surgeon or a licensed podiatrist, or a physician assistant, a nurse practitioner, or a nurse-midwife as provided in subdivision (a).
(c) Nothing in this section shall be construed as authorizing the licensure of medical assistants. Nothing in this section shall be construed as authorizing the administration of local anesthetic agents by a medical assistant. Nothing in this section shall be construed as authorizing the division to adopt any regulations that violate the prohibitions on diagnosis or treatment in Section 2052.
(d) Notwithstanding any other provision of law, a medical assistant may not be employed for inpatient care in a licensed general acute care hospital as defined in subdivision (a) of Section 1250 of the Health and Safety Code. 2070. *Notwithstanding any other provision of law, a medical assistant may perform venipuncture or skin puncture for the purposes of withdrawing blood upon specific authorization and under the supervision of a licensed physician and surgeon or a licensed podiatrist, or a physician assistant, a nurse practitioner, or a nurse-midwife as provided in subdivision (a) of Section 2069, if prior thereto the medical assistant has had at least the minimum amount of hours of appropriate training pursuant to standards established by the Division of Licensing. The medical assistant shall be issued a certificate by the training institution or instructor indicating satisfactory completion of the training required. A copy of the certificate shall be retained as a record by each employer of the medical assistant.*

BOARD OF REGISTERED NURSING
Nursing Practice Committee
Agenda Item Summary

AGENDA ITEM: 10.2
DATE: June 12, 2013

ACTION REQUESTED: Approve/Not Approve advisory statement for Tribal Health Programs: Health Care Practitioners

REQUESTED BY: Trande Phillips, Chairperson, Nursing Practice Committee

BACKGROUND:
Assembly Bill 1896 (Chesbro) Chapter 119, is an act to amend the heading of Article 10 (commencing with Section 710) Chapter 1, Division 2; and to add Section 719 to the Business and Professions Code.

This act codifies the federal requirement by specifying that a person who is licensed as a health care practitioner in any other state and is employed by tribal health program is exempt from this state's licensing requirements with respect to acts authorized under the person's license where the tribal health program performs specified services.

FISCAL IMPACT, IF ANY: None

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Tribal Health Programs: Health Care Practitioners Registered Nurses and Advanced Practice Nurses

Legislation enacted during 2011-2012 Session

Assembly Bill 1896, (Chesbro) Chapter 119 is an act to amend the heading of Article 10 (commencing with Section 710) of Chapter 1 of Division 2 of, and to add Section 719 to, the Business and Professions Code.

Under existing law, licensed health professionals employed by a tribal health program are required to be exempt, if licensed in any state, from the licensing requirements of the state in which the tribal health program performs specified services. A tribal health program is defined as an Indian tribe or tribal organization that operates any health program, service, function, activity, or facility that is funded, in whole or part, by the Indian Health Service.

This act codifies the federal requirement by specifying that a person who is licensed as a health care practitioner in any other state and is employed by tribal health program is exempt from this state's licensing requirements with respect to acts authorized under the person's license where the tribal health program performs specified services.

Assembly Bill No. 1896

CHAPTER 119

An act to amend the heading of Article 10 (commencing with Section 710) of Chapter 1 of Division 2 of, and to add Section 719 to, the Business and Professions Code, relating to healing arts.

[Approved by Governor July 13, 2012. Filed with Secretary of State July 13, 2012.]

LEGISLATIVE COUNSEL'S DIGEST

AB 1896, Chesbro. Tribal health programs: health care practitioners.

Under existing federal law, licensed health professionals employed by a tribal health program are required to be exempt, if licensed in any state, from the licensing requirements of the state in which the tribal health program performs specified services. A tribal health program is defined as an Indian tribe or tribal organization that operates any health program, service, function, activity, or facility funded, in whole or part, by the Indian Health Service.

Existing law provides for the licensure and regulation of health care practitioners by various healing arts boards within the Department of Consumer Affairs.

This bill would codify that federal requirement by specifying that a person who is licensed as a health care practitioner in any other state and is employed by a tribal health program is exempt from this state's licensing requirements with respect to acts authorized under the person's license where the tribal health program performs specified services.

The people of the State of California do enact as follows:

SECTION 1. The heading of Article 10 (commencing with Section 710) of Chapter 1 of Division 2 of the Business and Professions Code is amended to read:

Article 10. Federal Personnel and Tribal Health Programs

SEC. 2. Section 719 is added to the Business and Professions Code, to read:

719. (a) A person who is licensed as a health care practitioner in any other state and is employed by a tribal health program, as defined in Section 1603 of Title 25 of the United States Code, shall be exempt from any licensing requirement described in this division with respect to acts authorized under the person's license where the tribal health program

performs the services described in the contract or compact of the tribal health program under the Indian Self-Determination and Education Assistance Act (25 U.S.C. Sec. 450 et seq.).

(b) For purposes of this section, "health care practitioner" means any person who engages in acts that are the subject of licensure or regulation under the law of any other state.

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